2025 Community Health Needs Assessment



LAKE

ORANGE

OSCEOLA

SEMINOLE

Central Florida Collaborative

AdventHealth · Aspire Health · Orlando Health

community health centers · Orange Blossom Family Health · Osceola Community Health Services · true health (Real Choices. Real Care.)

Rooted in Community

AdventHealth is represented in the Collaborative by the following:

- AdventHealth Altamonte Springs
- AdventHealth Apopka
- AdventHealth Celebration
- AdventHealth East Orlando
- AdventHealth Kissimmee
- AdventHealth Orlando
- AdventHealth Waterman
- AdventHealth Winter Garden
- AdventHealth Winter Park

Orlando Health is represented in the Collaborative by the following:

- Orlando Health Arnold Palmer Hospital for Children
- Orlando Health Dr. P. Phillips Hospital
- Orlando Health – Health Central Hospital
- Orlando Health Horizon West Hospital
- Orlando Health Lake Mary Hospital
- Orlando Health Orlando Regional Medical Center
- Orlando Health South Lake Hospital
- Orlando Health St. Cloud Hospital
- Orlando Health Winnie Palmer Hospital for Women and Babies

Aspire Health Partners is represented in the Collaborative by the following:

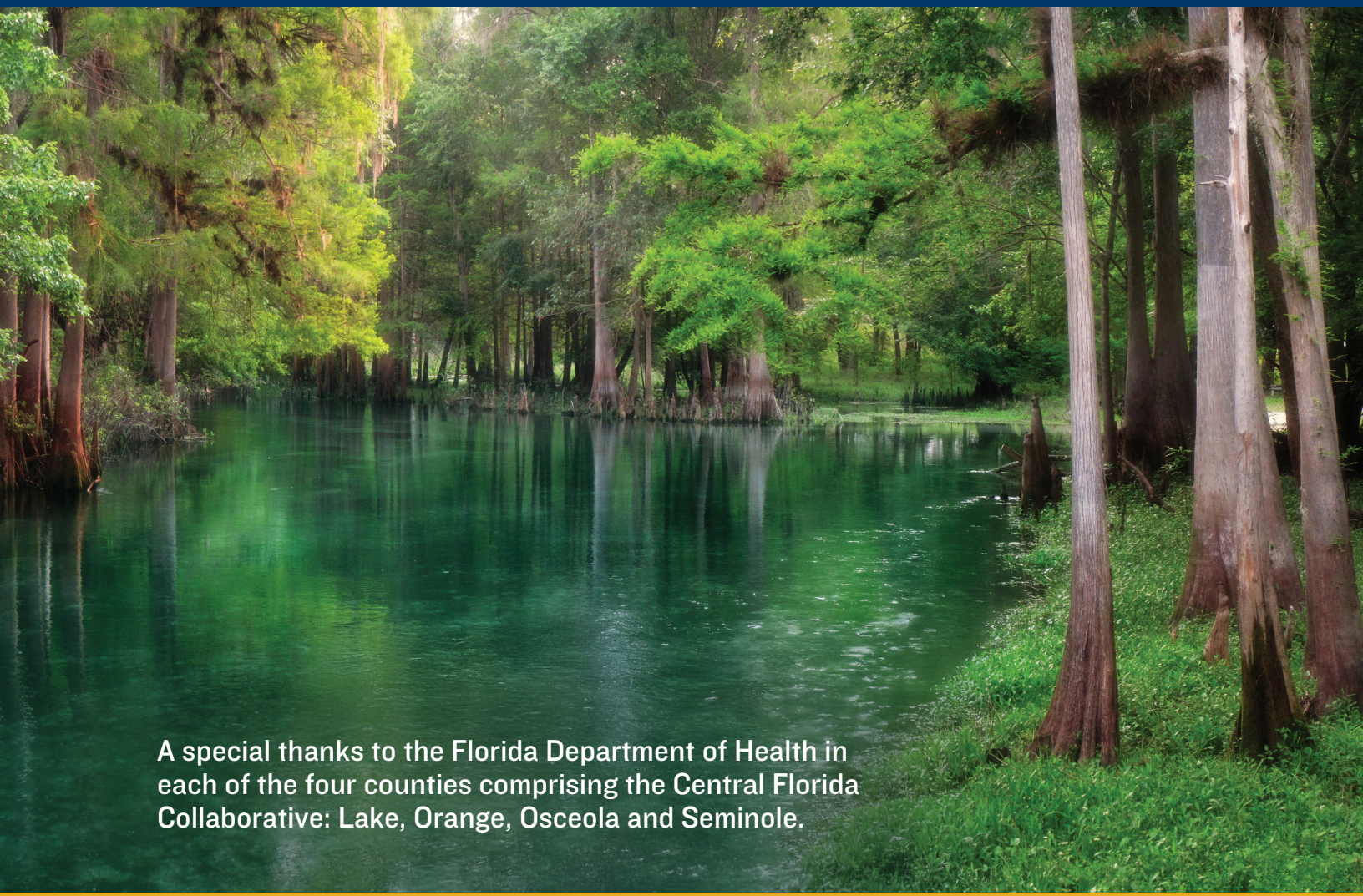
- Aspire Health Partners – Princeton Plaza Hospital, Orlando



A detailed list of the service areas counties for each organization and a brief description of each is located in Appendix J.

CHNA

The Central Florida Collaborative includes several federally qualified health centers within larger, multi-site health systems.



A special thanks to the Florida Department of Health in each of the four counties comprising the Central Florida Collaborative: Lake, Orange, Osceola and Seminole.



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Executive Summary

The Central Florida Collaborative (CFC) Community Health Needs Assessment (CHNA) reflects the dedication, compassion and insight of a highly diverse set of organizations. Collectively (and individually) CFC organizations focus on embracing the community, learning their stories and working diligently to meet a broad set of health and community needs. As its name implies, collaboration is a central operating principle of the CFC. In public health, the collaborative approach has been decades in the making and organizations have identified a number of activities common to successful collaboratives. The CFC has used these principles and others to implement the 2025 CHNA.

Central Florida Collaborative Members

- **AdventHealth**
- **Aspire Health Partners**
- **Community Health Centers**
- **Florida Department of Health in Lake County**
- **Florida Department of Health in Orange County**
- **Florida Department of Health in Osceola County**
- **Florida Department of Health in Seminole County**
- **Orange Blossom Family Health**
- **Orlando Health**
- **Osceola Community Health Services**
- **True Health**

Key collaborative process components include:

- Creating a vision that is broadly understood.
- Working across organizational boundaries.
- Utilizing those most affected by health challenges in solution creation.
- Including ongoing planning and joint accountability to measure change.

Purpose and Goals

The CHNA serves as a critical phase in the overall effort to improve community health and ensure all residents have the opportunity to achieve optimal well-being. It is a process that provides a means of identifying and collecting community data while engaging community members in both the data collection and the implementation of prioritized efforts for improving the well-being of all Central Florida residents. This resulting document creates a frame of reference for community members to discuss the health status of the community. The process itself has been a collaborative effort to identify health issues, barriers, assets and to prioritize the implementation activities needed to address the identified issues. To meet the objective of improving community health and community well-being, the CHNA process has included the following goals:

- Identifying resources, strengths and barriers to improving health outcomes.
- Developing a deeper understanding of community access to care challenges, including those faced by medically underserved populations.
- Enabling partners to collaborate around the opportunities for population health improvement.

Ultimately, the group is working toward an ongoing process that monitors, refreshes, adds data and analyzes community health to improve the quality of life for people throughout the service area. The CHNA results will be used on local and regional levels to inform and guide Implementation Strategy Plans (ISP), Community Health Improvement Plans (CHIP) and other strategic initiatives.

Methodology Overview

The Central Florida Collaborative CHNA had a comprehensive methodology that included a mixed method approach consisting of the following components:

- **Data Analysis:** In-depth review of dozens of validated data sources. Information was tabulated and parsed to identify disparities and other insights whenever possible.
- **Primary Qualitative Research:** This component included 30 focus group discussions and 106 key stakeholder interviews.
- **Survey Research:** The community survey engaged nearly 2,600 respondents and provided insights by county on a breadth of key CHNA issues.
- **Access Audit:** Over 45 “mystery shopper” calls were conducted during the Access Audit to illuminate real-life customer service and access to care issues.
- **Prioritization Process:** The Central Florida Collaborative leadership and approximately 12 to 15 stakeholders in each county participated in a modified Hanlon Method[1], an evidence-based approach which objectively takes into consideration explicitly defined criteria and feasibility factors. The needs prioritization process was conducted at the regional level and at the county level.

[1] *NACCHO. Guide to Prioritization Techniques. https://www.naccho.org/uploads/downloadable – resources/Guide – to – Prioritization – Techniques.pdf*

Strategic Secondary Research

The 2025 CHNA presents high-level secondary data that offers a foundational understanding of the community, focusing on sociodemographic, social drivers of health, behavioral risk factors and key health indicators. The data sources include the U.S. Census Bureau, the Centers for Disease Control and Prevention (CDC) and the Florida Department of Health, among others, to support the development of effective, responsive strategies. Please note that all secondary data for the CFC Community Health Needs Assessments were pulled from their original sources prior to January 31, 2025. All data is cited for readers to view the original data in its source if they choose. However, not all data included in this report may be publicly available on the original sources.

Throughout this report, changes in the data over time will be represented by the symbols outlined in the table below.

+/- shows changes in the indicator over time	
→	The health issue or problem is improving compared to the previous data set
←	The health issue or problem is worsening compared to the previous data set
=	There is no change compared to the previous data set
–	No comparison available for the baseline year

Additional secondary data tables and graphics are included in the Strategic Secondary Research section of the report.

Demographics

- A notable portion of the population in Lake (26.6%), Seminole (16.0%) and Orange and Osceola counties (over 10.0%) is aged 65 and older, with this age group expected to grow across all counties in the coming decade.
- Florida is primarily comprised of residents who identify as White (59.9%), Black/African American (15.3%) and Hispanic/Latino (26.7%). Osceola County has a large, growing Hispanic/Latino community.
- Florida has a slightly higher percentage of residents living with a disability (13.3%) compared to the national average (12.8%). Lake County has the highest population of people living with a disability in the four-county region (15.7%).
- In Florida, the most common type of disability is ambulatory difficulty (6.9%), followed by cognitive difficulty (5.1%).

Regional Comparison (Lake, Orange, Osceola and Seminole counties)
Demographic Overview

Total Population



	Lake County	Orange County	Osceola County	Seminole County
	398,696	**1,440,471**	**406,943**	**474,912**

Age Distribution

	Lake County	Orange County	Osceola County	Seminole County
Median Age	**46.7**	**36.4**	**37.0**	**39.8**
Population Under 18	**19.1%**	**21.6%**	**24.0%**	**20.7%**
Population Over 65	**26.6%**	**12.8%**	**13.4%**	**16.3%**

Race / Ethnicity

	Lake County	Orange County	Osceola County	Seminole County
White	**70.7%**	**46.6%**	**43.4%**	**62.7%**
Black / African American	**10.1%**	**20.3%**	**11.0%**	**11.9%**
Hispanic / Latino	**17.9%**	**33.2%**	**55.0%**	**23.2%**

Speak a Language Other than English at Home



Lake County	Orange County	Osceola County	Seminole County
15.8%	**37.9%**	**53.6%**	**23.3%**

Foreign-Born Population (Naturalized U.S. Citizens + Not U.S. Citizens)



Lake County	Orange County	Osceola County	Seminole County
10.5%	**23.4%**	**25.0%**	**15.0%**

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Regional Comparison (Lake, Orange, Osceola and Seminole counties)
Demographic Overview

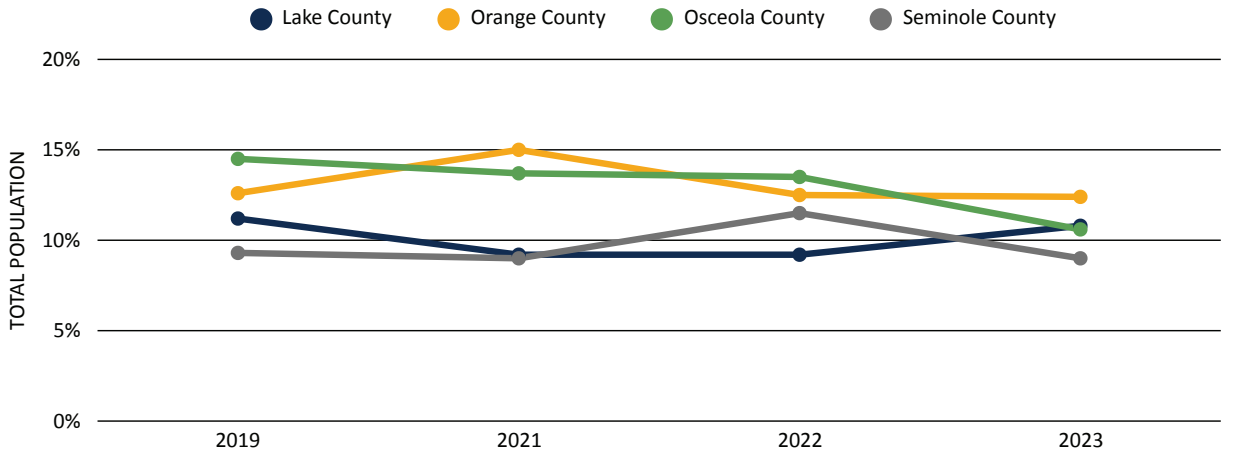
Education

	Lake County	Orange County	Osceola County	Seminole County
No High School Diploma	**9.1%**	**10.1%**	**11.4%**	**6.1%**
Higher Ed. Degree	**38.2%**	**49.3%**	**39.6%**	**53.8%**

Economic Well-being

	Lake County	Orange County	Osceola County	Seminole County
Median Household Income	**$69,956**	**$77,011**	**$68,711**	**$83,030**
Households Below Poverty Level	**10.0%**	**12.8%**	**12.5%**	**9.1%**
Unemployment Rate	**5.1%**	**5.5%**	**5.2%**	**4.1%**
Households Receiving SNAP Benefits	**9.9%**	**14.1%**	**17.4%**	**9.1%**

Trend of Population Living in Poverty



Sources: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates | U.S. Census Bureau American Community Survey One-year Estimates

Social Drivers of Health

Social Drivers of Health (SDoH) refer to the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks. They also contribute to wide health disparities and inequities. The framework has been championed by the U.S. Centers for Disease Control and Prevention (CDC) and other governmental agencies and is integrated into the Healthy People 2030 goals. This report focuses on the impact of Social Drivers of Health on access to services and resources, as well as the health outcomes of individuals and communities across the four-county region.

Secondary Research Highlights:

Healthcare Access and Quality

- In 2023, the percentage of uninsured individuals varied across the four-county region. Osceola (9.1%), Seminole (8.0%) and Lake (9.3%) counties had lower uninsured rates than the state (10.7%), while Orange County had a higher rate at 11.1%.
- Among the four counties, Lake County has the highest annual age-adjusted mortality rate and the lowest life expectancy. In Lake, Orange and Seminole counties, the Non-Hispanic/Latino population has the highest median life expectancy. In contrast, in Osceola County, the Black/African American population has the highest median life expectancy.
- Statewide, the top causes of death are heart disease, cancer, followed by unintentional injuries. Deaths from unintentional injuries, stroke and diabetes increased between the 2017–2019 and 2020–2022 data periods. Lake and Osceola counties followed this same trend. In Orange County, deaths from stroke and diabetes rose, while in Seminole County, there was an increase in deaths from heart disease, cancer and chronic lower respiratory disease.
- Between 2019 and 2022, the cancer (except skin) incidence rate in Florida, Lake and Seminole County increased by over a quarter. In 2023, Lake County reported the highest prevalence rate of adults diagnosed with non-skin cancers among the four counties in the region (11.2%).
- Since 2019, the estimated annual prevalence rate of adults (aged 18 and over) who report ever having been told by a doctor, nurse or other health professional that they had angina or coronary heart disease has increased in all counties as well as Florida.
- Since 2019, the estimated annual prevalence rate of adults reporting asthma and being previously diagnosed has increased across all counties, especially in Lake County (23.2%). The prevalence of adults reporting a diabetes diagnosis (other than gestational diabetes) has risen in all counties, with Lake County seeing a 6.4% increase.
- In 2022, Osceola County had the highest rate of hospitalizations due to motor vehicle accidents, with 96.6 hospitalizations per 100,000 population. Between 2019 and 2022, emergency room visits for firearm-related injuries increased across Florida and in every county within the service area, with Osceola County experiencing the largest rise at 69.2%.

- Between 2019 and 2023, Lake and Seminole counties saw the largest reductions in maternal deaths per 100,000 live births. In contrast, Osceola County experienced the most notable increase, with its maternal death rate rising from 0.0 in 2019 to 20.1 in 2023.
- The percentage of kindergarteners and two-year-olds receiving basic immunizations dropped for all counties between 2019 and 2023, predominantly in Osceola County (6.7%).
- The rate of child emergency department visits for children aged 5 to 19 has steadily increased in all counties between 2020 and 2023. The greatest increase since 2021 was in Orange and Osceola counties, more than 19.0%.
- The percentage of high school students considered to be obese in Orange County increased by 24.0% between 2018 and 2022. Between this same period, Osceola County experienced the greatest increase in middle school students considered to be obese at nearly 63.0%. Fewer high school and middle school students self-reported being active for at least 60 minutes every day in the past week in 2022 as well.

Behavioral Health

- Florida's overall suicide rate declined by nearly 5.0% from 2018-2020 to 2020-2022, while Seminole County experienced a nearly 14.0% increase. The suicide rate in Lake County experienced the greatest decrease (-27.9%). The suicide rate for the population aged 12 to 18 decreased in Lake and Osceola counties, while the suicide rate increased in Orange and Seminole counties.
- Annual binge drinking prevalence rates declined across all counties and the state from 2019 to 2020 but rose again in 2022. The estimated annual prevalence rate of adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoke every day or some days declined for all counties between 2019 and 2022.
- In Lake, Orange and Seminole counties the overdose death rates for all substances listed in the data below decreased between 2019 and 2023. In Osceola County, overdose death rates for cocaine, fentanyl and methamphetamine increased by over 17.0%.
- Orange and Osceola counties experienced a greater number of fatal overdoses (involving all substances) according to the first quarter of each year in 2023 compared to 2022.
- Since 2018, the rate of opioid prescriptions dispensed per prescriber has generally declined, with the exception of a slight increase in Orange County between 2022 and 2024. The largest decrease during this period occurred in Seminole County (-39.9%), followed by Lake County (-20.6%).

Social Drivers of Health

- As of 2022, child food insecurity affected nearly 18.0% of children in Osceola and Lake counties, with Lake County's rate remaining unchanged since 2019. In Orange County, approximately 19.0% of children were food insecure during the same year. In Seminole County, 14.0% of children are considered food insecure as of 2022, the highest annual rate since 2019.

- Between 2020 and 2024, the number of people experiencing homelessness increased by approximately 50.0% in Orange and Osceola County.
- With the exception of Lake County, the high school graduation rate decreased for Florida, Orange, Osceola and Seminole counties, predominantly in Orange County (-5.5%).

Qualitative Research Overview and Themes

The qualitative research aimed to understand community needs and their impact on health and well-being through stakeholder interviews and focus groups. Interviews were held with professionals working with vulnerable populations, while focus groups involved community residents. Both formats—conducted virtually, in-person or hybrid—used similar questions focusing on community strengths, resources, gaps and barriers. Interviews allowed for in-depth insights, while focus groups captured shared and differing community perspectives. The collected data was analyzed to identify the community's strengths, themes and needs.

Strengths can serve as resources to address the needs identified.

Themes are conceptual considerations that provide context so that needs can be addressed in a way that is responsive to the community's culture and identity.

Needs are actionable areas that participants highlighted as the most pressing challenges, barriers and concerns they face in their community.

The three concepts—strengths, themes and needs—are interconnected and should be considered together to effectively interpret the data and drive positive change. Participant quotes illustrate these findings and regional differences are highlighted when relevant.

Below are findings collected from both stakeholder interviews and focus groups participants.

Regional Qualitative Analysis

Strengths

- Collaboration: Stakeholders discussed the collaborative nature of organizations and community members and the resulting collaborations that have increased Central Florida's resiliency.
- Community Organizations and Resources: The medical community and community-based organizations were commended for being at the forefront of addressing community challenges as well as for providing excellent care in different settings.

Themes

- Growing Population: Stakeholders expressed concern about the ability of resources to meet the needs and demands of the growing population. The diversity of this growing population necessitates that organizations and services are tailored to meet these needs in a culturally competent way.

- Trust in Healthcare: Stakeholders find it difficult to locate providers they feel understood by and comfortable with, which affects their willingness to seek care. Moreover, widespread misinformation further contributes to distrust and hesitation in engaging with the healthcare system.
- Collaboration: Stakeholders expressed that there was an opportunity for growth in this area and shared that many organizations and institutions are often "siloed," meaning they operate independently rather than sharing information or resources with others.
- Financial Stress: Community members expressed worries about food insecurity, access to adequate employment and the rising cost of basic necessities. These issues are deeply interconnected—low wages make it difficult for individuals to afford housing, food, transportation and childcare.

Needs

- Access to Healthcare: Participants expressed that barriers to healthcare access lead to delayed treatment, worsening health outcomes and greater reliance on costly emergency services. Challenges include complex healthcare navigation, low technology and system literacy especially among older adults and New Americans and high costs that disproportionately affect low-income families. Additional issues such as long wait times, limited service hours and insurance-related obstacles further restrict access. Participants emphasized the need for more affordable services, culturally competent care and providers who understand patients' language and backgrounds to improve trust and encourage continued engagement with the healthcare system.
- Awareness of Services and Resources: Stakeholders emphasized that awareness is essential for access and many participants lacked knowledge of both healthcare and community-based resources. Barriers to awareness included information overload, life stress, lack of a centralized resource hub, insufficient health education and language or cultural differences.
- Behavioral and Mental Healthcare: Stakeholders noted that behavioral health resources are insufficient to meet growing needs, hindered by issues of accessibility, systemic barriers and stigma. Challenges include a shortage of services for Medicaid recipients, concerns about care quality and limited crisis services and inpatient beds. Community organizations are attempting to fill these gaps, but their efforts are strained by weak policies, financial barriers and social drivers. Additional concerns include inequitable grant funding and lack of parity in behavioral health reimbursement. Substance use was a frequently mentioned need in Seminole County and Orange County. When discussing this need, residents focused on the youth population.
- Food Access: Stakeholders highlighted strong connections between food access and issues like housing instability, transportation barriers, mental health and rising food costs. Stakeholders raised concerns about the limited ability of food pantries to provide nutritious options. Seniors were identified as especially vulnerable to food insecurity due to fixed incomes, limited transportation and challenges with meal preparation.

- Employment: Stakeholders emphasized that stable, well-paying jobs are vital to community well-being. Stakeholders identified groups facing employment barriers, including individuals with criminal-legal records and those vulnerable to discrimination, which in turn affects their health. High childcare costs were also noted as a significant barrier to employment and a contributor to overall cost-of-living challenges.
- Housing: Stakeholders reported that rapidly rising rent costs are causing significant hardship, with many community members facing housing insecurity. Concerns were also raised about housing quality. Housing insecurity is viewed as a major community issue with direct health impacts, particularly affecting youth in Central Florida and posing serious consequences for the younger generation.
- Transportation: Stakeholders across Central Florida noted that the current public transportation systems are inadequate for the growing community. Participants shared that creating a more walkable environment could improve access to resources as well. When discussing walkability, many focused on the safety of pedestrians.

County-level needs are included in the County Profile section of the report.

Primary Quantitative Community Survey

The community survey aimed to gather input from residents across the CFC service area on their most pressing community needs. Offered in five languages—English, Spanish, Haitian Creole, Portuguese and Chinese—it included both need-specific and demographic questions. Distributed through various partner and outreach channels.

A total of 2,376 people from the four-county region participated in the community survey, along with an additional 217 respondents from neighboring counties.

The community survey results provided insight on a wide range of focus areas. The results displayed in the Primary Quantitative Community Survey section include the following sections:

- Methodology
- Community Survey Demographic Overview
- Health Status
- Health Behaviors
- Social Drivers
- Community Health and Needs
- Children
- Social Connectedness and Experience
- Adverse Childhood Experiences

Additional community survey tables and graphics are included in the Primary Quantitative Community Survey section of the report.

Needs Prioritization Process

Community needs were identified at both regional and county levels through analysis of primary and secondary data. In total, 48 regional needs were identified for the CFC Region. A modified Hanlon Method—an evidence-based approach that evaluates defined criteria and feasibility—was used to prioritize these needs across the region and individual counties.

Top 15 Community Needs

1. Food insecurity, with a focus on affordable, healthy foods
2. Affordable housing for all, including older adults
3. Jobs with livable wages
4. Access to outpatient mental health services
5. Support for medically underserved populations[2]
6. Improved care coordination among healthcare providers
7. Expanded maternal and prenatal healthcare
8. Better communication between healthcare organizations and nonprofits
9. Case management for complex medical and social needs
10. Programs for chronic disease prevention and education
11. Behavioral health services for the uninsured
12. Improved health literacy resources
13. Linguistically and culturally appropriate healthcare services and resources
14. Accessible transportation for medical appointments and public needs
15. Affordable childcare services

A detailed description of the method is outlined in Appendix G.

[2] *From the IRS: "Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers." Source: https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3*



Harvest Day at Orange Center Elementary School | Orange County



Introduction

CHAPTER I

The CFC Community Health Needs Assessment



Introduction

The Central Florida Collaborative (CFC) Community Health Needs Assessment reflects the dedication, compassion and insight of a highly diverse set of organizations. Collectively (and individually) CFC organizations focus on embracing the community, learning their stories and working diligently to meet a broad set of health and community needs.

The number and the quality of partners involved is a key measure of an effective collaborative. The Central Florida Collaborative includes a robust number of partners outside of the traditional healthcare providers, e.g., hospitals and clinics. The individuals represent community populations that can speak about health challenges from personal and professional perspectives.

Throughout the process, there were regular meetings and communications with partners and the final priorities of the assessment utilized the community's input. Central Florida Collaborative members include the following:

- AdventHealth
- Aspire Health Partners
- Community Health Centers
- Florida Department of Health in Lake County
- Florida Department of Health in Orange County
- Florida Department of Health in Osceola County
- Florida Department of Health in Seminole County
- Orange Blossom Family Health
- Orlando Health
- Osceola Community Health Services
- True Health

Letter from the Central Florida Collaborative

We are proud to present the 2025 Community Health Needs Assessment (CHNA). This collaborative effort reflects the voices, needs and aspirations of the residents of Central Florida communities. This comprehensive assessment is the result of dedicated partnerships between organizations, all working together to gain a deeper understanding of the health challenges and opportunities in our region.

The CHNA serves as a vital tool in identifying key health disparities, social drivers and priority areas requiring focused attention. By leveraging data, community insights and the expertise of our collaborative members, we aim to inform policies, guide resource allocation and inspire collective action that promotes the health of all communities.

Through this assessment, we have gained valuable insights into the factors that influence health outcomes and the prevalence of chronic disease, such as access to care, economic stability, housing and education. The findings will serve as a foundation for guiding the development of targeted strategies and coordinated efforts to address the most pressing health needs.

We extend our sincere gratitude to all the individuals, organizations and stakeholders who contributed their time, knowledge and experiences to this assessment. Your participation and dedication are essential to building a healthier, more equitable Central Florida community.

Together, we will continue working to create a community where all residents can thrive.



For more than 115 years, AdventHealth has been a trusted partner in caring for our Central Florida community. It is a privilege we do not take lightly. We remain committed to providing the communities we're a part of with high-quality, whole-person care — body, mind and spirit.

We cannot do this alone. Providing whole-person care to everyone in our community can only be done by convening community partners to tackle our region's toughest challenges together. It means developing the healthcare workforce of tomorrow.

It means supporting the wholistic healthcare needs of our community beyond the walls of our facilities — not just within them.

It means partnering with area nonprofits because we know we are stronger together.

This spirit of collaboration is the driving force behind our efforts to partner with other organizations that share our vision of a healthier Central Florida. We have worked as part of the Central Florida Collaborative, which includes Orlando Health, Aspire Health Partners, the Florida Department of Health in Orange, Osceola, Seminole and Lake counties and the local Federally Qualified Health Centers (FQHCs), to produce this Community Health Needs Assessment to help us determine how to maximize our collaborative efforts.

Together, we are committed to designing programs and delivering services that will move the needle toward better health outcomes, ultimately bringing wholeness to our entire community.

Sincerely,

Brian Adams

Brian Adams
President and CEO
AdventHealth

Shannon Gravitte
SVP of Public Affairs
AdventHealth






AdventHealth
GINSBURG

At Aspire Health Partners, we are committed to providing Central Florida with compassionate, comprehensive, and cost-effective integrated behavioral healthcare.

Aspire is passionate about its vision: Saving Lives, Transforming Communities and Changing the World. Collaborating on this Community Health Needs Assessment (CHNA) to identify the region's health needs and priorities and to establish specific strategies, is a key component to making our vision a reality.

At Aspire we recognize the importance of collaboration and we are proud to work with our partners to prioritize the health needs of those we serve. As the demand for integrated behavioral healthcare services increases, Aspire is uniquely positioned to address the complex health needs of our region. We pledge our commitment to the goal of closing the critical gaps in services that this CHNA has identified and delivering better health-related outcomes for thousands of Central Florida residents.

By working together, we will achieve healthier individuals and communities!

Babette Hankey

Babette Hankey, MS
President and Chief Executive Officer
Aspire Health Partners



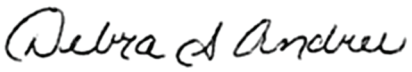

1800 MERCY DRIVE
PHARMACY OPEN TO THE PUBLIC
MONDAY - FRIDAY: 7:15AM TO 5:00PM
SATURDAY: 9:00AM TO 1:00PM
INSURANCES ACCEPTED
ASPIRE
HEALTH PARTNERS
1800
PRINCETON CAMPUS
CENTRAL RECEIVING CENTER

For more than 50 years, Community Health Centers (CHC) has proudly served Central Florida by staying true to our mission: to provide quality, compassionate primary healthcare to the diverse communities we serve. Our vision ensures that all residents of Central Florida have access to timely, affordable and exceptional health services.

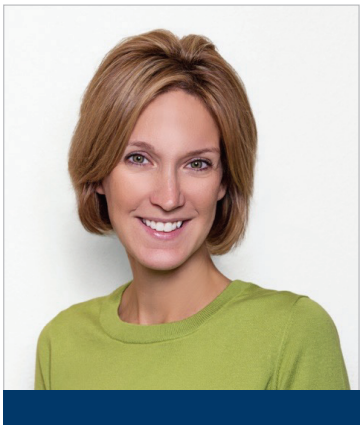
As a community-focused, nonprofit organization, we are committed to delivering care locally—right where our patients and their families live and trust. This commitment is strengthened through intentional collaboration with community partners to improve lives and health outcomes for our patients.

The Central Florida Community Health Needs Assessment (CHNA) is a vital tool in guiding our strategic planning, enabling us to address the most pressing health priorities and create healthier communities. As we focus on these priorities, we remain steadfast in delivering care that reflects our core values: patient-centeredness, quality, compassion, respect and integrity.

CHC looks forward to continuing our collaboration with partners and communities to meet Central Florida's evolving healthcare needs.



Debra Andree, MD, BSN
President and Chief Executive Officer
Community Health Centers, Inc.




community
health
centers
Adult & Pediatric Medicine
Dental & Optometry

ORANGE BLOSSOM FAMILY HEALTH

For over 30 years, we have provided compassionate care for some of our most vulnerable community members and have created a system of care designated to meet their unique healthcare needs. It is our mission to provide you and your family with the highest quality healthcare services in an atmosphere of dignity and respect. Our commitment is to offer an exceptional healthcare experience that exceeds your expectations and helps you to reach optimal wellness. We are conscious of the unique needs of each of our patients and deliver care through skilled professionals in a welcoming environment.

Ensuring access to quality, affordable healthcare services is fundamental to the work of Healthcare Center for the Homeless, Inc., dba Orange Blossom Family Health and Orange Blossom Pediatrics. Effective collaborations with our community partners ensure that we are taking a comprehensive approach to addressing health and community needs.

We commend our hospital partners for taking the lead in the Community Health Needs Assessment process. The insight gleaned from the process will help identify and prioritize care gaps. We look forward to continued collaborations in addressing these priorities to improve overall health outcomes throughout the Central Florida region.



Bakari F. Burns, MPH, MBA
President and Chief Executive Officer
Orange Blossom Family Health





ORLANDO HEALTH®

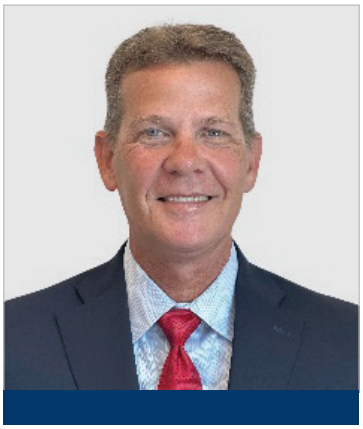
At Orlando Health, our focus for more than 100 years has been on improving the health and well-being of the communities we serve through state-of-the-art care where patients live, work and play. Even as we continue to enhance access to millions in the Southeast, our priority remains the health of our neighbors.

We recognize that addressing the complex health needs of our communities requires a collaborative approach — one that brings together healthcare systems and providers, public health organizations and community partners to better understand the most pressing health and social challenges. For a fifth consecutive cycle, Orlando Health has worked alongside our partners in health — including AdventHealth, Aspire Health Partners, the Florida Department of Health county offices and the Federally Qualified Health Centers for Lake, Orange, Osceola and Seminole counties — to produce a comprehensive Community Health Needs Assessment. By working together, we can identify key priorities, ensure future efforts to enhance health and wellness are both community-informed and data-driven and align programs that improve the health and life of the individuals and communities we serve today and for generations to come.

Sincerely,



Andy Gardiner
Senior Vice President, External Affairs and Community Relations
Orlando Health




ORLANDO HEALTH
ORMC

Osceola Community Health Services

Osceola Community Health Services is a Federally Qualified Health Center (FQHC) serving families with a Primary Care Medical Home Team Model that focuses on the patients' total health. Our high-quality, accessible, affordable and integrated healthcare includes family medicine, pediatrics, maternity care, women's health, dental, behavioral health, men's health, HIV care, labs, optometry and pharmacy services. Our nine clinics, mobile medical/dental units, referral management, as well as our telehealth capabilities give us the flexibility to serve patients with a more holistic approach.

The impact of the unprecedented COVID-19 pandemic has not only increased health disparities, access to health and coordinated care, it has also induced social isolation and anxiety, mobilizing us to address the economic, emotional and long-term effects of our internal and external populations.

We value and applaud each healthcare professional for working tirelessly to meet the healthcare needs of our community and our partners for helping us to provide a healthier future for each patient we serve.

The Community Health Needs Assessment (CHNA) addresses the barriers and potential gaps, bringing stakeholders together to create awareness, discuss solutions and work collaboratively to mitigate the lingering effects of the pandemic, while creating opportunities for innovation and growth.

Belinda Johnson-Cornett, MS, RN-BC, MBA, DBA
President and Chief Executive Officer
Osceola Community Health Services




Osceola Community
Health Services
osceolahealthcare.org
1703
BUILDING A HEALTHIER FUTURE.
ONE PATIENT AT A TIME.
Intercession City
osceolahealthcare.org

true health™
REAL CHOICES. REAL CARE.

True Health has been providing high quality, comprehensive healthcare at a reasonable cost to everyone since first becoming established in 1977. Over the past 48 years, we continue to be a reliable source of healthcare to low-income individuals and families within our community. True Health now operates 10 locations and 2 mobile health units within Orange, Seminole and Volusia Counties. True Health is deemed a federally qualified health center (FQHC) by the Health Resources Services Administration (HRSA) and is a certified patient centered medical home accredited by the Accreditation Association for Ambulatory Healthcare (AAAHC). Since the 2022 Community Health Needs Assessment (CHNA), True Health has diligently worked to address identified areas of need and expand access to primary care. The ending of the public health emergency was most impactful to our community because it altered patients' ability to use Medicaid insurance, causing many individuals lost their coverage. In response to this, True Health's Financial Navigators and Certified Application Counselors played a pivotal role in assisting patients find health plans to meet their needs. Below are some additional highlights of True Health's progress since the last CHNA. Please note this list is not all inclusive.

One of the highest areas of need reflected in the 2022 CHNA community survey was streamlined access to low-cost healthcare. In response, True Health increased the number of healthcare practitioners and deployed mobile units to provide services outside of a traditional medical facility. Another critical area identified was access to outpatient mental health services. True Health added additional resources to its behavioral health department and began providing outpatient medication assisted treatment through primary care practitioners in response to this growing concern. Additionally, True Health opened two additional health centers and two integrated low-cost pharmacies since the last CHNA.

True Health is laser focused to fulfill its vision of 'healthy communities through life-changing care'. Our partnership with the Central Florida Collaborative serves as an opportunity to ensure we achieve this vision. The CHNA serves as a valuable resource to pinpoint areas of need throughout our community. True Health remains committed to residents of Central Florida and looks forward to strengthening our alliance with the Central Florida Collaborative to continually address and improve health outcomes.



Janelle Dunn, MHA, CMPE
Chief Executive Officer
True Health


4930
true health™
REAL CHOICES. REAL CARE.



Approach

CHAPTER 2

About the Central Florida Collaborative



About the Central Florida Collaborative Approach

As its name implies, collaboration is a central operating principle of the Central Florida Collaborative (CFC). In public health, the collaborative approach has been decades in the making and organizations have identified a number of activities common to successful collaboratives. Key collaborative process components include:

- Creating a vision that is broadly understood
- Working across organizational boundaries
- Including those most affected by health challenges in solution-creation
- Utilizing ongoing planning and joint accountability to measure change

The Central Florida Collaborative has used these principles and others to implement the 2025 Community Health Needs Assessment (CHNA).

Purpose

The CHNA serves as a critical phase in the overall effort to improve community health and ensure all residents have the opportunity to achieve optimal well-being. It is a process that identifies and collects community data while engaging members in both data collection and the implementation of prioritized efforts to improve the well-being of all Central Florida residents.

This resulting document creates a frame of reference for community members to discuss the health status of the community. The process itself has been a collaborative effort to identify health issues, barriers and assets and to prioritize the implementation activities needed to address the identified issues.



Community Liaisons

A first step in nearly every new community health improvement plan is to recognize the need to address differences in health outcomes and to increase representation at the leadership and governance levels of healthcare and other local organizations. The second step to improving community well-being is to collect and use data about race, ethnicity and language preference to develop a shared understanding of the challenges in the community. Education about cultural humility and competency is also needed to provide person-centered care.
The Central Florida Collaborative took a unique approach to working on all these steps simultaneously by creating a team of Community Liaisons, nine individuals or organizations who represented lived experiences from a variety of communities. They assisted the CFC with the following objectives:

- Reviewing research instruments for cultural appropriateness
- Participating in stakeholder interviews
- Participating in the prioritization process and strategy development discussions
- Providing guidance regarding the most effective ways to engage unique community members (e.g., via interviews, surveys or other methods)

Recruitment included outreach to individuals in the following categories:

Racial/Ethnic

- Black/African American
- Hispanic/Latino/Spanish language speakers

Other Community Strength

- Members of the community of people living with disabilities
- New Americans/migrant workers
- Members of faith-based communities
- Members of social service organizations, including social justice and food insecurity
- Members of the veteran community

[3] *Lekas et al. Rethinking Cultural Competence: Shifting to Cultural Humility. https://pmc.ncbi.nlm.nih.gov/articles/PMC7756036/*

Community Health Needs Assessment Goals

To meet the objective of improving community health and community well-being, the CHNA process has included the following goals:

- Identifying resources, strengths and barriers to improving health outcomes
- Developing a deeper understanding of community access to care challenges, including those faced by medically underserved populations
- Enabling partners to collaborate around the opportunities for population health improvement

Ultimately, the group is working toward an ongoing process that monitors, refreshes, adds data and analyzes community health to improve the quality of life for people throughout the service area.

Dissemination of the information in this document in different forms is a critical step in communications that informs partners, stakeholders, community agencies and the public about the availability of the Community Health Needs Assessment and what community members can do to make a difference. The CHNA results will be used on local and regional levels to inform and guide Implementation Strategy Plans (ISP), Community Health Improvement Plans (CHIP) and other strategic initiatives.



Methodology Overview

The Central Florida Collaborative CHNA had a comprehensive methodology that included a mixed method approach consisting of the following components:

- **Data Analysis:** In-depth review of dozens of validated data sources. Information was tabulated and parsed to identify disparities and other insights whenever possible.
- **Primary Qualitative Research:** This component included 30 focus group discussions and 106 key stakeholder interviews.
- **Survey Research:** The community survey engaged nearly 2,600 respondents and provided insights by county on a breadth of key CHNA issues.
- **Access Audit:** Over 45 "mystery shopper" calls were conducted during the Access Audit to illuminate real-life customer service and access to care issues.
- **Prioritization Process:** The Central Florida Collaborative leadership and approximately 12 to 15 stakeholders in each county participated in a modified Hanlon Method[4], an evidence-based approach which objectively takes into consideration explicitly defined criteria and feasibility factors. The needs prioritization process was conducted at the regional level and at the county level.

Data Limitations and Details

A Community Health Needs Assessment is a systematic assessment of the community using both primary and secondary quantitative and qualitative data. The Central Florida Collaborative partners and Crescendo aimed to be inclusive and intentional with community engagement to ensure the voices of the communities that CFC partners serve have the opportunity to participate in whatever form they felt comfortable and have their voices heard.

Additionally, while Crescendo included the most current secondary data sources within the report, several data sources may be slightly outdated and no new data updates were available at the publication of this report. Many secondary data measures that were available by demographic groups published in the 2022 CHNA were not available for this report.

[4] *NACCHO. Guide to Prioritization Techniques. https://www.naccho.org/uploads/downloadable – resources/Gudie – to – Prioritization – Techniques.pdf*



Data

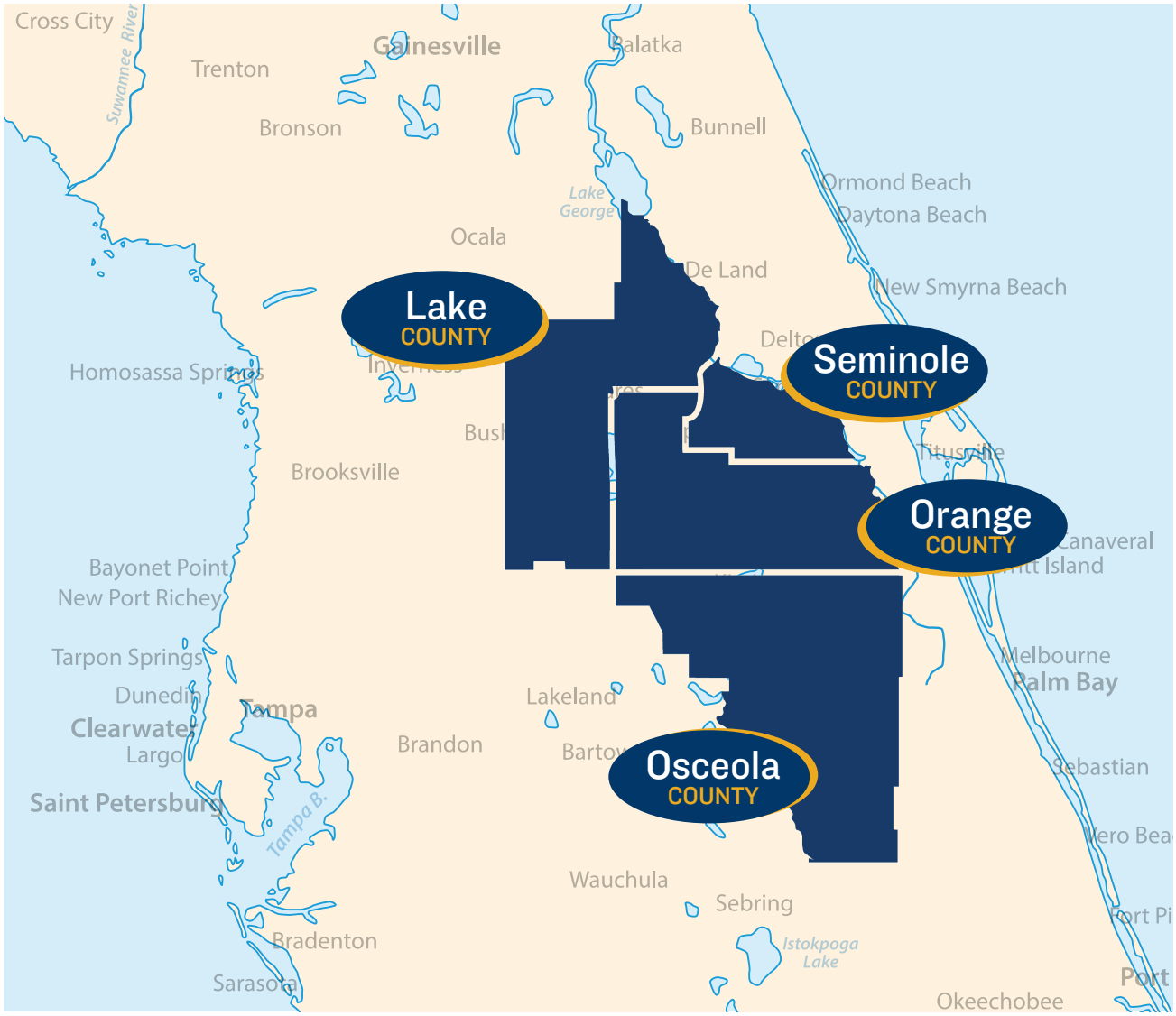
CHAPTER 3

Regional Secondary Data Profile



The Central Florida Collaborative Service Area

The Central Florida Collaborative service area encompasses all of Lake, Orange, Osceola and Seminole counties. Each county is individually identifiable. The service area was determined by analyzing where individuals who participated in hospital and CFC partner programs live and seek care, based on patient origin patterns. Please refer to the map below.



Regional Secondary Data Profile

The following report section contains the high-level secondary data findings. **Additional secondary data tables and graphics are in Appendix A.**

Secondary data provides an essential framework for better understanding the fabric of the community. This analysis highlights sociodemographic factors, social drivers of health, behavioral health risk factors and other key indicators to guide the development of effective strategies further to meet evolving needs. The following data was primarily gathered from the United States Census Bureau American Community Survey Five-year Estimates, Centers for Disease Control and Prevention, Florida Department of Health Division of Public Health Statistics and Performance Management, among others.

Please note: *All secondary data for the CFC Community Health Needs Assessments were pulled from its original sources prior to January 31, 2025. All data is cited for readers to view the original data in its source if they choose. However, not all data included in this report may be publicly available on the original sources.*

American Community Survey: Five-year Estimates

There is an intentional purpose in using five-year data estimates compared to one-year data estimates.

Five-year estimates are derived from data samples gathered over several subsequent years and provide a more accurate estimate of measures, especially among numerically smaller high-risk populations or subgroups, compared to one-year estimates, which are based on more limited samples with greater variance.

Source: *https://www.census.gov/data/developers/data-sets/acs-5year.html*

Throughout this report, changes in the data over time will be represented by the symbols outlined in the table below.

+/- shows changes in the indicator over time	
→	The health issue or problem is improving compared to the previous data set
←	The health issue or problem is worsening compared to the previous data set
=	There is no change compared to the previous data set
—	No comparison available for the baseline year

Regional Comparison (Lake, Orange, Osceola and Seminole counties)
Demographic Overview

	Lake County	Orange County	Osceola County	Seminole County
Total Population				
	398,696	1,440,471	406,943	474,912
Age Distribution				
Median Age	46.7	36.4	37.0	39.8
Population Under 18	19.1%	21.6%	24.0%	20.7%
Population Over 65	26.6%	12.8%	13.4%	16.3%
Race / Ethnicity				
White	70.7%	46.6%	43.4%	62.7%
Black / African American	10.1%	20.3%	11.0%	11.9%
Hispanic / Latino	17.9%	33.2%	55.0%	23.2%
Speak a Language Other than English at Home				
	15.8%	37.9%	53.6%	23.3%
Foreign-Born Population (Naturalized U.S. Citizens + Not U.S. Citizens)				
	10.5%	23.4%	25.0%	15.0%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Regional Comparison (Lake, Orange, Osceola and Seminole counties)
Demographic Overview

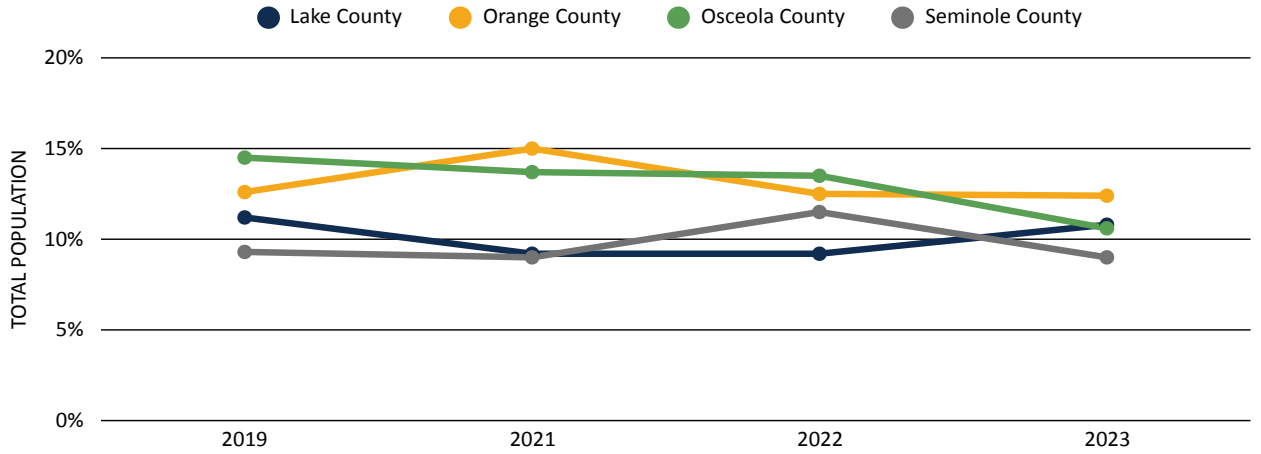
Education

	Lake County	Orange County	Osceola County	Seminole County
No High School Diploma	**9.1%**	**10.1%**	**11.4%**	**6.1%**
Higher Ed. Degree	**38.2%**	**49.3%**	**39.6%**	**53.8%**

Economic Well-being

	Lake County	Orange County	Osceola County	Seminole County
Median Household Income	**$69,956**	**$77,011**	**$68,711**	**$83,030**
Households Below Poverty Level	**10.0%**	**12.8%**	**12.5%**	**9.1%**
Unemployment Rate	**5.1%**	**5.5%**	**5.2%**	**4.1%**
Households Receiving SNAP Benefits	**9.9%**	**14.1%**	**17.4%**	**9.1%**

Trend of Population Living in Poverty



Sources: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates | U.S. Census Bureau American Community Survey One-year Estimates

Demographics

Florida's population grew by 365,000 in 2023, the second-largest numeric growth behind Texas and the second-largest percentage of growth behind South Carolina (1.7% and 1.6%, respectively).[5] By 2032, the state is projected to grow by 14.0%, adding 3.1 million people to its population. Rising population density pressures infrastructure like schools and transportation, potentially worsening health outcomes without proactive planning and resource allocation. Florida's rapid population growth also has the potential to strain the healthcare system by increasing demand for medical services, exacerbating provider shortages and limiting access to care.

Over 33.0% of Florida's population will be 60 and older by 2030.[6] Access to quality healthcare is essential throughout the lifespan but needs become more complex with age. Older adults face a higher risk of chronic conditions like dementia, heart disease, type two diabetes and arthritis, often requiring specialized care. Barriers such as provider shortages in rural areas, transitioning to Medicare and high out-of-pocket costs can delay care and lead to preventable emergencies.

A notable portion of the population in Lake (26.6%), Seminole (16.0%) and Orange and Osceola counties (over 10.0%) is aged 65 and older, with this age group expected to grow across all counties in the coming decade.

POPULATION GROWTH AND PROJECTIONS

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
2023	332,387,540	21,928,881	398,696	1,440,471	406,943	474,912
2010	308,745,538	18,801,310	297,056	1,145,957	268,683	422,718
2010-2023 Percent Change	**+7.7%**	**+16.6%**	**+34.2%**	**+25.7%**	**+51.5%**	**+12.3%**
2032	364,066,358	25,075,386	481,715	1,728,849	507,034	544,011
2023-2032 Percent Change	**+9.5%**	**+14.3%**	**+20.8%**	**+20.0%**	**+24.6%**	**+14.5%**

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

YOUTH AND OLDER ADULT POPULATION

	United States		Florida		Lake County		Orange County		Osceola County		Seminole County	
	2019	2023	2019	2023	2019	2023	2019	2023	2019	2023	2019	2023
Under 5	6.1%	5.7%	5.4%	5.1%	4.9%	4.7%	6.1%	5.7%	6.4%	6.0%	5.3%	5.0%
Under 18	22.6%	22.2%	20.0%	19.6%	19.3%	19.1%	22.4%	21.6%	24.6%	24.0%	21.2%	20.7%
65 and Older	15.6%	16.8%	20.1%	21.1%	26.5%	26.6%	11.6%	12.8%	13.0%	13.4%	15.2%	16.3%

Source: U.S. Census Bureau American Community Survey 2015-2019 and 2019-2023 Five-year Estimates

[5] *U.S. Census Bureau. U.S. Population Trends Return to Pre – Pandemic Norms as More States Gain Population, December 2023. https://www.census.gov/newsroom/press – releases/2023/population – trends – return – to – pre – pandemic – norms.html*

[6] *U.S. Census Bureau. https://acl.gov/sites/default/files/programs/2016 – 11/Florida%20Epi%20Profile%20Final.pdf*

Florida is primarily comprised of residents who identify as White (59.9%), Black/African American (15.3%) and Hispanic/Latino (26.7%). Osceola County has a large, growing Hispanic/Latino community.

POPULATION BY RACE[7]

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
American Indian and Alaska Native	0.9%	0.3%	0.2%	0.3%	0.3%	0.2%
Asian	5.8%	2.9%	2.1%	5.3%	2.9%	5.2%
Black/African American	12.4%	15.3%	10.1%	20.3%	11.0%	11.9%
Native Hawaiian and Other Pacific Islander	0.2%	0.1%	0.1%	0.1%	0.1%	0.0%
Some Other Race	6.6%	5.6%	3.6%	8.6%	22.8%	6.0%
Two or More Races	10.7%	15.9%	13.2%	18.8%	19.5%	14.0%
White	63.4%	59.9%	70.7%	46.6%	43.4%	62.7%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

POPULATION BY ETHNICITY

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
2023						
Hispanic/Latino of any race	**19.0%**	**26.7%**	**17.9%**	**33.2%**	**55.0%**	**23.2%**
Mexican	11.3%	3.3%	3.0%	3.0%	2.2%	2.1%
Puerto Rican	1.8%	5.5%	7.9%	13.9%	27.8%	9.5%
Cuban	0.7%	7.1%	1.7%	2.7%	3.0%	2.4%
Other Hispanic/Latino	5.2%	10.8%	5.4%	13.6%	22.0%	9.2%
2019						
Hispanic/Latino of any race	**18.0%**	**25.6%**	**15.6%**	**31.6%**	**54.1%**	**21.4%**
Mexican	11.2%	3.5%	3.6%	3.2%	2.7%	1.8%
Puerto Rican	1.7%	5.4%	6.2%	14.8%	32.2%	10.0%
Cuban	0.7%	7.3%	1.3%	2.9%	2.5%	2.1%
Other Hispanic/Latino	4.3%	9.4%	4.6%	10.8%	16.7%	7.5%

Source: U.S. Census Bureau American Community Survey 2015-2019 and 2019-2023 Five-year Estimates

The infographics on the following pages are based on data from the U.S. Census Bureau's American Community Survey (ACS) 2019-2023 five-year estimates.

[7] *Race alone are those "people who responded to the question on race by indicating only one race are referred to as the race alone population, or the group who reported only one race." https://www.census.gov/glossary/?term=Race+alone*

People Living With a Disability

People living with seen and unseen disabilities are at higher risk for health disparities and secondary conditions like pain, fatigue, obesity and depression. They often face barriers to healthcare access and are more susceptible to preventable health issues that reduce quality of life.[8] Florida has a slightly higher percentage of residents living with a disability compared to the national average. Individuals aged 65 and older are particularly more likely to have a disability, both statewide and within the four-county region. Lake County has the highest population of people living with a disability in the four-county region (15.7%).

POPULATION LIVING WITH A DISABILITY[9]

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
Total Population Living with a Disability	**42,703,063**	**2,924,178**	**62,677**	**160,460**	**53,617**	**54,484**
Percentage of the Total Population	12.8%	13.3%	15.7%	11.1%	13.2%	11.5%
By Gender						
Male	6.3%	6.6%	8.3%	5.4%	6.6%	5.4%
Female	6.3%	6.9%	7.6%	5.8%	6.6%	6.1%
By Race						
American Indian and Alaska Native	15.7%	15.5%	13.0%	19.0%	8.8%	19.5%
Asian	7.9%	8.8%	9.4%	8.8%	10.9%	8.2%
Black/African American	14.5%	12.2%	11.6%	11.1%	12.5%	13.5%
Native Hawaiian and Other Pacific Islander	12.7%	11.7%	13.6%	7.4%	16.6%	4.4%
Some Other Race	10.0%	11.2%	15.6%	12.9%	13.5%	11.2%
Two or More Races	10.9%	10.7%	10.4%	10.9%	13.0%	9.3%
White	13.9%	15.1%	17.7%	11.4%	13.5%	12.0%
By Ethnicity						
Hispanic/Latino	9.9%	10.5%	11.8%	11.6%	13.0%	10.4%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

POPULATION LIVING WITH A DISABILITY BY AGE GROUP

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
Under 5	0.7%	0.6%	1.7%	0.6%	0.5%	0.8%
5 to 17	6.1%	6.5%	7.8%	6.8%	9.5%	5.8%
18 to 34	7.7%	7.0%	7.6%	6.3%	8.4%	6.8%
35 to 64	12.4%	11.7%	13.4%	10.8%	11.5%	10.5%
65 to 74	24.0%	22.0%	21.3%	24.4%	28.0%	21.3%
75 and Older	46.5%	43.4%	44.2%	48.5%	53.7%	43.2%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

[8] *U.S. Centers for Disease Control and Prevention, Disability and Health. https://www.cdc.gov/disability-and-health/about/disability-and-health-information-for-healthcare-providers.html*

[9] *The percentage of civilian noninstitutionalized population living with a disability. The Census Bureau defines the civilian noninstitutionalized population as including "all U.S. civilians not residing in institutional group quarters facilities such as correctional institutions, juvenile facilities, skilled nursing facilities, and other long – term care living arrangements." https://www.census.gov/glossary/?term=Civilian+noninstitutionalized+population*

In Florida, the most common type of disability is ambulatory difficulty (6.9%), followed by cognitive difficulty (5.1%).

POPULATION LIVING WITH DISABILITY BY TYPE OF DIFFICULTY

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
Ambulatory Difficulty	6.3%	6.9%	7.9%	5.2%	6.3%	5.5%
Cognitive Difficulty	5.1%	5.1%	5.5%	4.8%	5.8%	4.6%
Independent Living Difficulty	4.5%	4.7%	5.2%	3.9%	4.8%	3.8%
Hearing Difficulty	3.6%	3.8%	5.2%	2.5%	2.7%	3.0%
Vision Difficulty	2.4%	2.5%	2.7%	2.2%	2.7%	1.9%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

- Ambulatory difficulty: Having serious difficulty walking or climbing stairs.
- Cognitive difficulty: Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating or making decisions.

Additional secondary data tables and graphics are in Appendix A



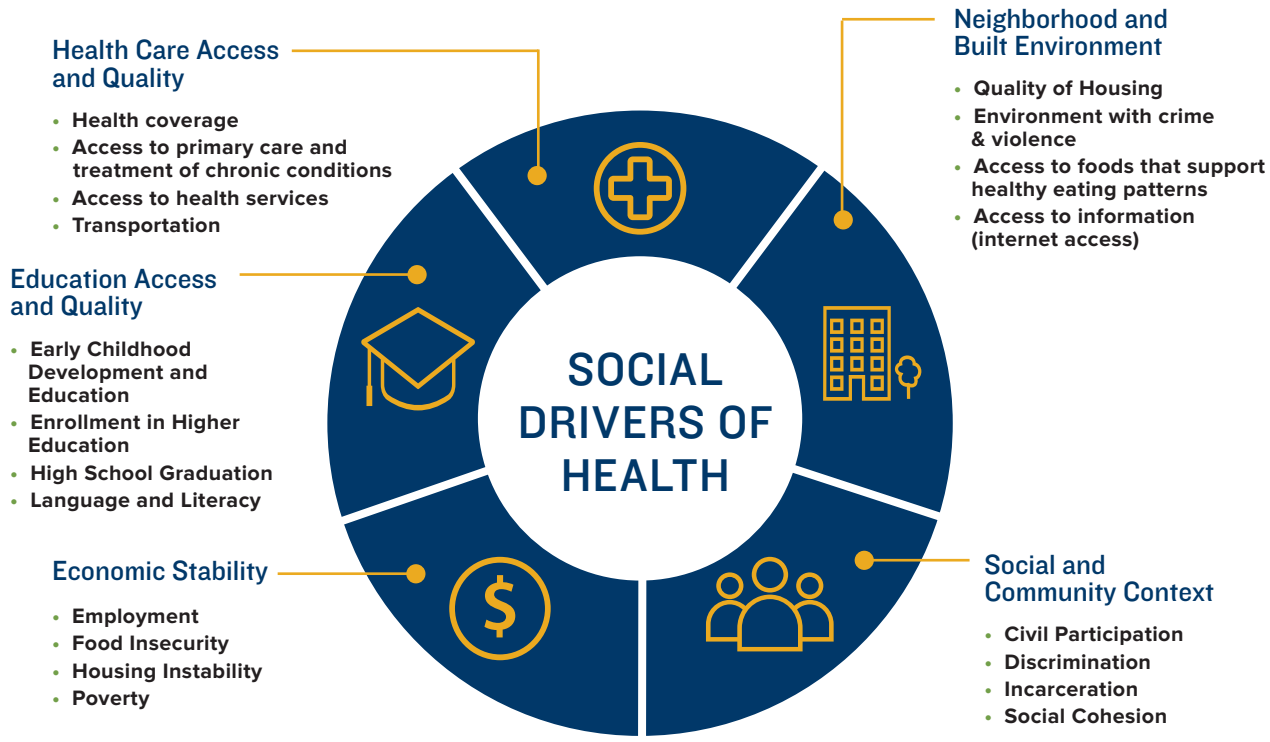
[10] *U.S. Census Bureau, Disability Glossary. https://www.census.gov/topics/health/disability/about/glossary.html*

Social Drivers of Health Overview

Social Drivers of Health (SDoH) refer to the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks. They also contribute to wide health disparities and inequities. The framework has been championed by the U.S. Centers for Disease Control and Prevention (CDC) and other governmental agencies and is integrated into the Healthy People 2030 goals.[11]

The following report highlights the impact that Social Drivers of Health have on access to services and resources and the health outcomes of people at the individual and community level. A study published in the American Journal of Preventive Medicine[12] estimates that social drivers of health impact nearly 80.0% of our health outcomes while clinical care only impacts 20.0%.

SOCIAL DRIVERS OF HEALTH FRAMEWORK



Source: Healthy People 2030

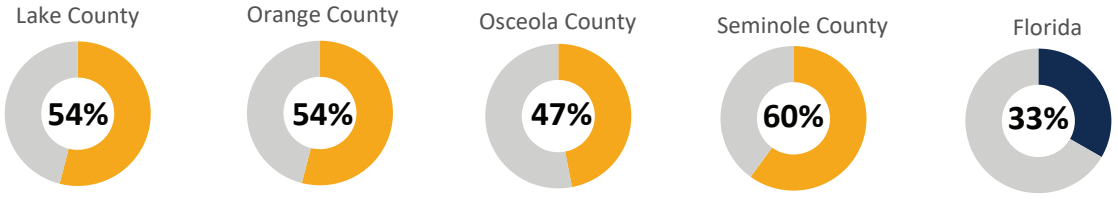
The data in the infographics on the following pages comes from the U.S. Census Bureau's American Community Survey (ACS) 2019-2023 five-year estimates | Feeding America, Map the Meal Gap (2019-2022) and United Way, United for ALICE (2022).

[11] *Healthy People 2030. https://odphp.health.gov/healthypeople/priority – areas/social – determinants – health*

[12] *Hood et al. County Health Rankings: Relationships Between Determinant Factors and Health Outcomes. https://www.sciencedirect.com/science/article/abs/pii/S0749379715005140*

Regional Comparison (Lake, Orange, Osceola and Seminole counties)
Social Drivers Profile

Asset-Limited, Income Constrained, Employed (ALICE) Population
Households living above federal poverty level but below ALICE threshold of financial survival



Source: United Way, United for ALICE (2022)

Housing Data

	Lake County	Orange County	Osceola County	Seminole County
Total Housing Units	**182,666**	**576,450**	**164,195**	**197,167**
Median Home Rent	**$1,468**	**$1,675**	**$1,651**	**$1,686**
Housing Costs >30% of Income	**30.5%**	**38.4%**	**41.2%**	**34.1%**

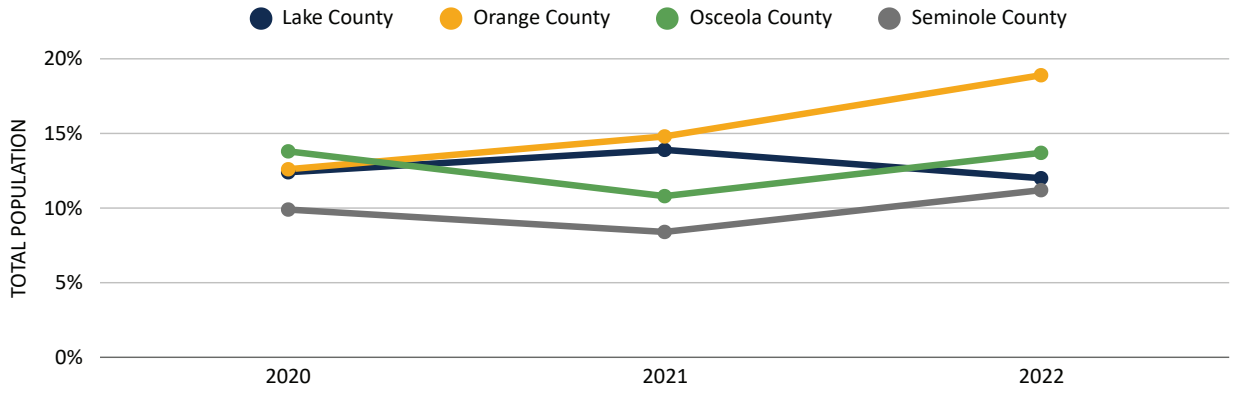
No Vehicle for Household



Lake County	Orange County	Osceola County	Seminole County
4.0%	**5.4%**	**4.4%**	**3.9%**

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Food Insecurity



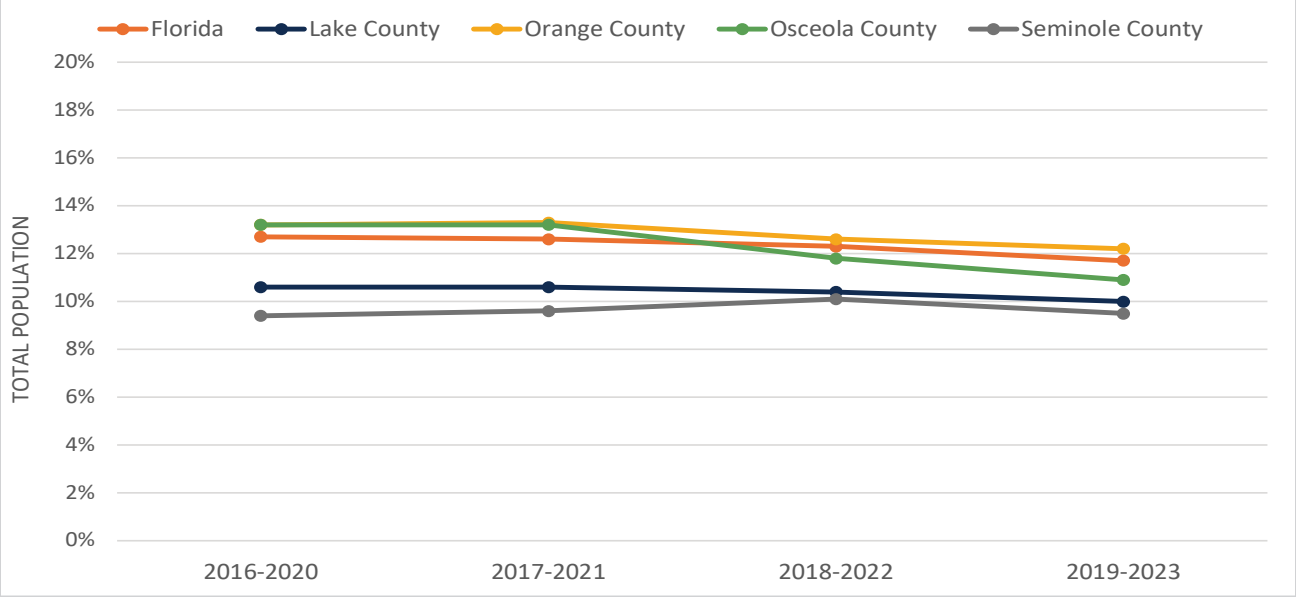
Source: Feeding America, Map the Meal Gap

Healthcare Access and Quality

Florida has opted not to expand Medicaid under the Affordable Care Act (ACA). This decision has had a significant impact on access to affordable coverage for many low-income individuals and families who do not qualify for Medicaid but also struggle to afford private insurance. Florida's geographic diversity plays a role in shaping the health insurance landscape. Urban areas may have more options for healthcare providers and insurance plans, while rural areas could face challenges with limited access to medical facilities and specialists. This disparity in healthcare resources can impact the availability and affordability of health insurance for residents across the state.[13]

In 2023, the percentage of uninsured individuals varied across the four-county region. Osceola (9.1%), Seminole (8.0%) and Lake (9.3%) counties had lower uninsured rates than the state (10.7%), while Orange County had a higher rate at 11.1%.

TREND OF POPULATION WITHOUT HEALTH INSURANCE[14]



	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2019-2023	11.7%	→	10.0%	→	12.2%	→	10.9%	→	9.5%	→
2018-2022	12.3%	→	10.4%	→	12.6%	→	11.8%	→	10.1%	←
2017-2021	12.6%	→	10.6%	→	13.3%	→	13.2%	→	9.6%	←
2016-2020	12.7%	–	10.6%	–	13.2%	–	13.2%	–	9.4%	–

Source: U.S. Census Bureau American Community Survey Five-year Estimates

13 Primary Care Access Network, Covering Central Florida. The Impact of Having No Health Insurance in Florida, August 2024. https://www.coveringcfl.net/the – impact – of – having – no – health – insurance – in – florida/

14 This dataset represents people of all ages who do not have health insurance coverage (uninsured).

Florida hospitals face severe workforce shortages and rising labor costs. A 2021 Florida Hospital Association analysis projects a shortage of 59,100 nurses by 2035. The pandemic worsened existing imbalances in healthcare staffing, while stagnant reimbursement rates and inflation added financial strain. With Florida's growing and aging population, addressing workforce challenges through pipeline development, recruitment and retention is crucial for future healthcare capacity.

Between 2019 and 2023, the largest percentage increase in licensed healthcare providers occurred among physician assistants in Lake, Orange and Seminole counties and among dentists in Osceola County. During the same period, family practice physicians and pediatricians experienced some of the greatest percentage decreases across all counties.

RATE OF LICENSED HEALTHCARE PROVIDERS

Per 100,000 Population	Florida			Lake County			Orange County		
	2019	2023	+/-	2019	2023	+/-	2019	2023	+/-
Medical doctors	250.8	261.2	→	175.7	155.7	←	303.1	328.1	→
Physician assistants	41.0	51.0	→	21.7	31.1	→	48.0	60.9	→
Family practice physicians	18.5	13.3	←	19.2	12.9	←	20.7	15.5	←
Pediatricians	21.6	16.5	←	9.9	9.0	←	38.4	27.0	←
Registered nurses	1,299.5	1,441.2	→	1,380.7	1,495.5	→	1,151.1	1,232.3	→
Licensed practical nurses	307.1	278.9	←	392.6	352.6	←	213.9	195.4	←
Certified nursing assistants	688.5	628.6	←	729.4	632.4	←	514.3	485.7	←
Dentists	57.8	61.5	→	37.2	41.8	→	53.8	65.1	→
Paramedics	144.1	145.4	→	169.8	171.2	→	126.0	132.8	→
Emergency medical technicians	162.7	166.0	→	224.0	214.2	←	161.4	156.6	←
OB/GYNs	9.2	8.6	←	6.2	4.6	←	12.6	12.5	←

Per 100,000 Population	Florida			Osceola County			Seminole County		
	2019	2023	+/-	2019	2023	+/-	2019	2023	+/-
Medical doctors	250.8	261.2	→	112.3	110.9	←	210.2	237.9	→
Physician assistants	41.0	51.0	→	16.8	20.0	→	38.3	54.0	→
Family practice physicians	18.5	13.3	←	8.1	6.3	←	27.3	22.8	←
Pediatricians	21.6	16.5	←	9.5	6.7	←	16.5	15.5	←
Registered nurses	1,299.5	1,441.2	→	994.9	1,163.2	→	1,543.7	1,594.0	→
Licensed practical nurses	307.1	278.9	←	246.6	228.4	←	235.8	230.3	←
Certified nursing assistants	688.5	628.6	←	498.8	427.5	←	341.0	327.7	←
Dentists	57.8	61.5	→	16.8	22.0	→	60.7	67.4	→
Paramedics	144.1	145.4	→	108.2	94.9	←	129.9	130.9	→
Emergency medical technicians	162.7	166.0	→	121.8	115.0	←	186.6	179.2	←
OB/GYNs	9.2	8.6	←	5.4	5.2	←	8.9	9.4	→

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, County Health Dashboard Health Resource Availability

Mortality and Morbidity

Mortality rates measure the frequency of occurrence of death in a defined population during a specified interval. Mortality data answers critical questions to help healthcare organizations and providers understand how many people are dying and why.[15]

Among the four counties, Lake County has the highest annual age-adjusted mortality rate and the lowest life expectancy.

ANNUAL AGE-ADJUSTED MORTALITY RATE

	Florida	Lake County	Orange County	Osceola County	Seminole County
Deaths per 100,000 population	762.7	808.8	729.2	804.5	724.9

Source: Florida Department of Health, Bureau of Vital Statistics, Florida Department of Health, Division of Public Health Statistics and Performance Management, 2020-2022

LIFE EXPECTANCY

Florida	Lake County	Orange County	Osceola County	Seminole County
78.0	77.1	79.1	77.8	79.2

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, 2020-2022

Significant racial and ethnic disparities in health, well-being and life expectancy have persisted in the United States for decades. These inequities are particularly pronounced for Black/African American and Hispanic/Latino populations, who, on average, experience worse outcomes compared to white populations. These populations are more likely to die from treatable conditions, more likely to die during or after pregnancy and suffer serious pregnancy-related complications, more likely to lose children in infancy. They are at higher risk for many chronic health conditions, from diabetes to hypertension.[16]

In Lake, Orange and Seminole counties, the Non-Hispanic/Latino population has the highest median life expectancy. In contrast, in Osceola County, the Black/African American population has the highest median life expectancy.

MEDIAN LIFE EXPECTANCY

	Florida	Lake County	Orange County	Osceola County	Seminole County
White	78.5	77.1	79.4	77.4	79.4
Black/African American	74.9	75.5	76.9	79.6	76.4
Non-Hispanic/Latino	81.4	80.1	81.5	79.3	82.8
Hispanic/Latino	77.2	76.7	78.5	76.6	78.6

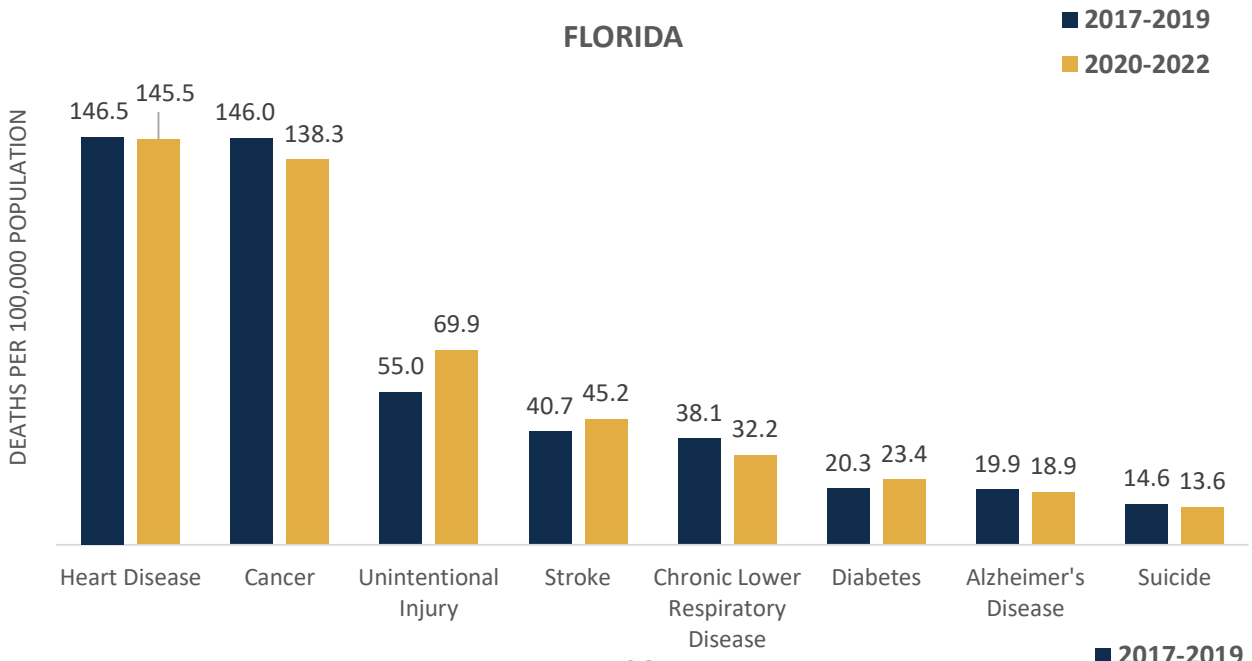
Source: Florida Department of Health, Bureau of Vital Statistics 2020-2022

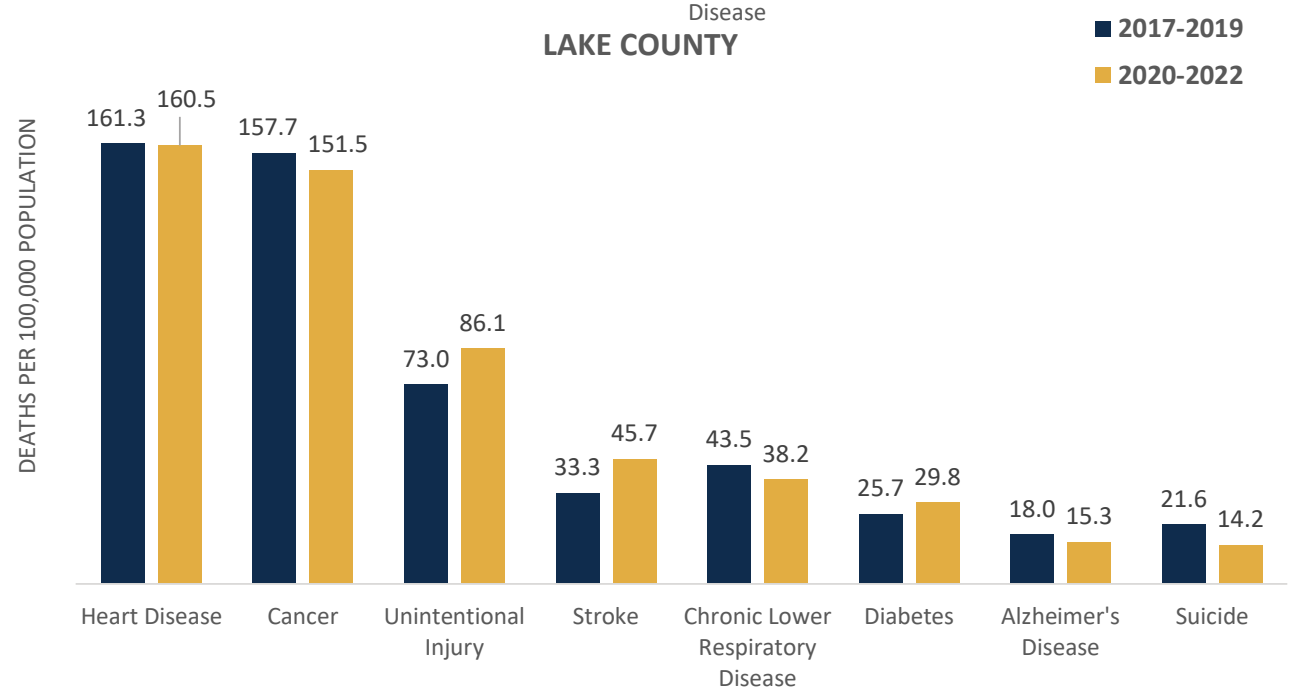
[15] *Deputy Director for Public Health Science & Surveillance. Center for Surveillance, Epidemiology & Laboratory Services, Division of Scientific Education & Professional Development .https://www.cdc.gov/csels/dsepd/ss1978/lesson3/section3.html*

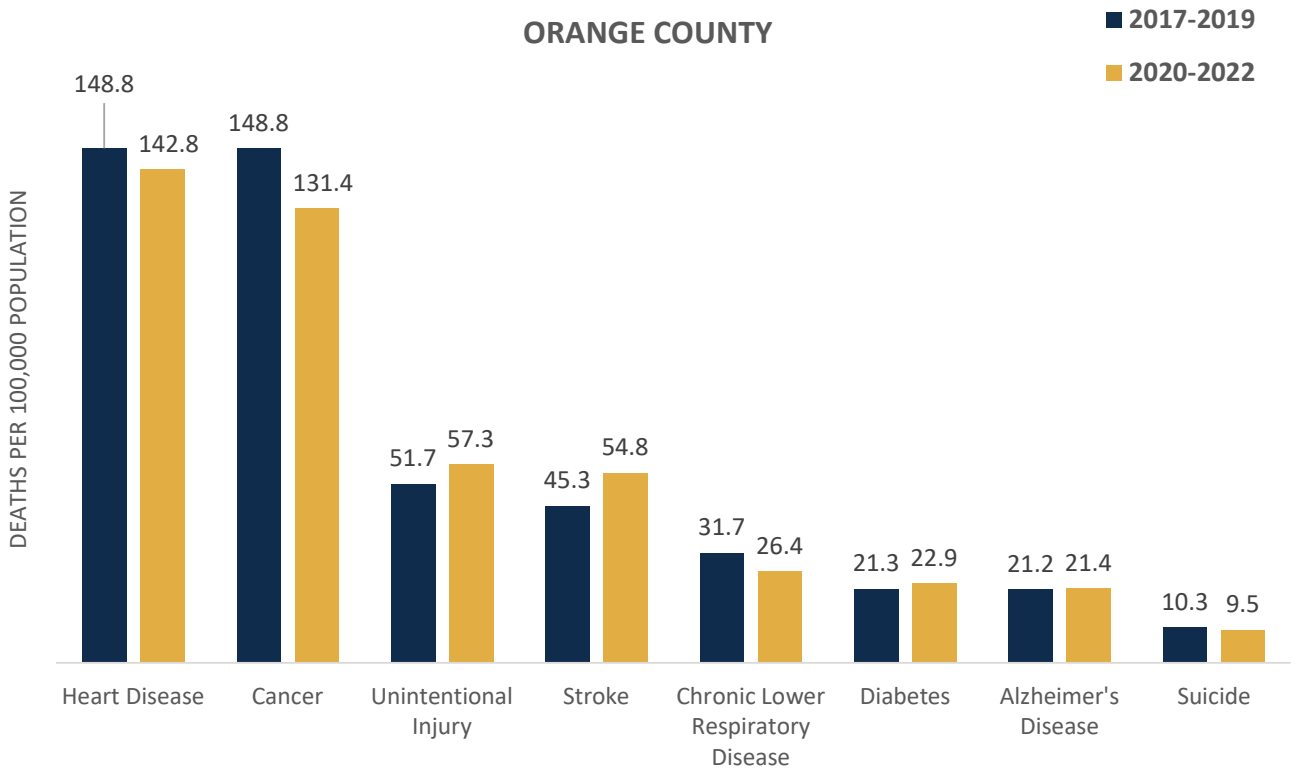
[16] *The Commonwealth Fund. Advancing Racial Equity in U.S. Health Care, April 2024. https://www.commonwealthfund.org/publications/fund – reports/2024/apr/advancing – racial – equity – us – health – care*

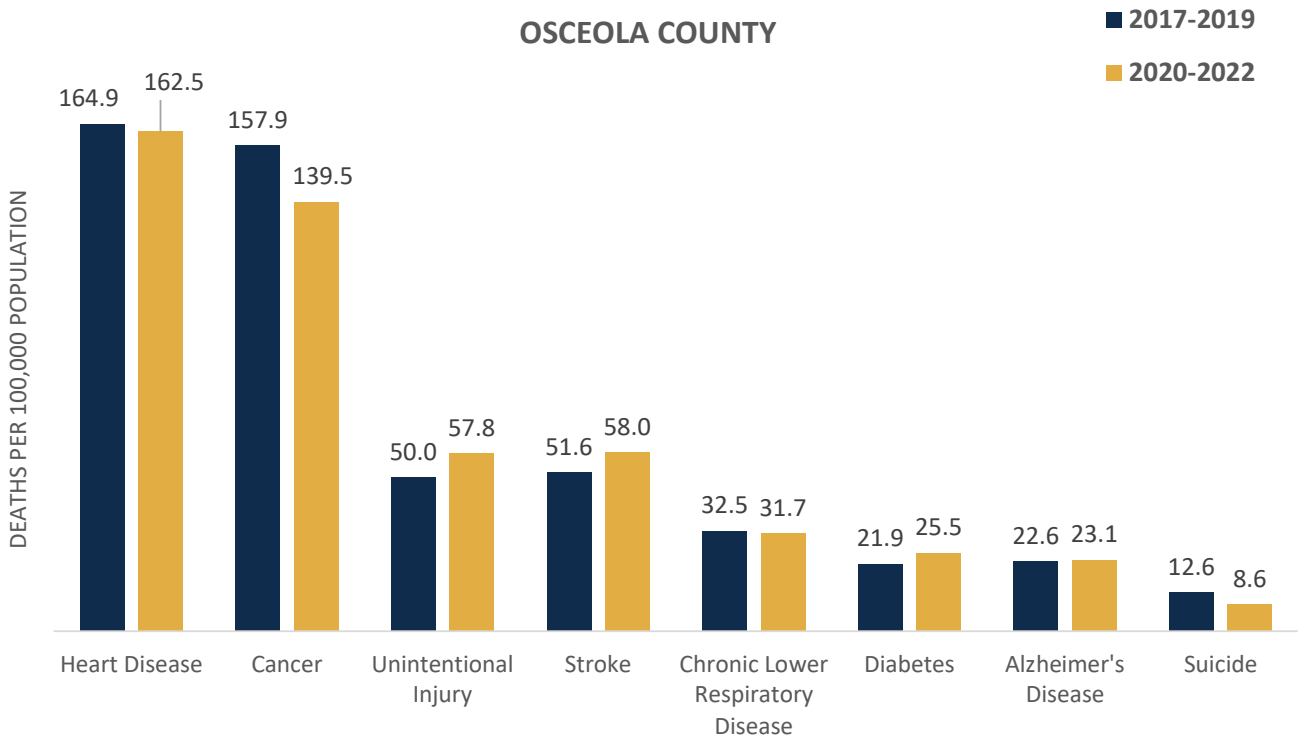
Statewide, the top causes of death are heart disease, cancer, followed by unintentional injuries. Deaths from unintentional injuries, stroke and diabetes increased between the 2017–2019 and 2020–2022 data periods. Lake and Osceola counties followed this same trend. In Orange County, deaths from stroke and diabetes rose, while in Seminole County, there was an increase in deaths from heart disease, cancer and chronic lower respiratory disease.

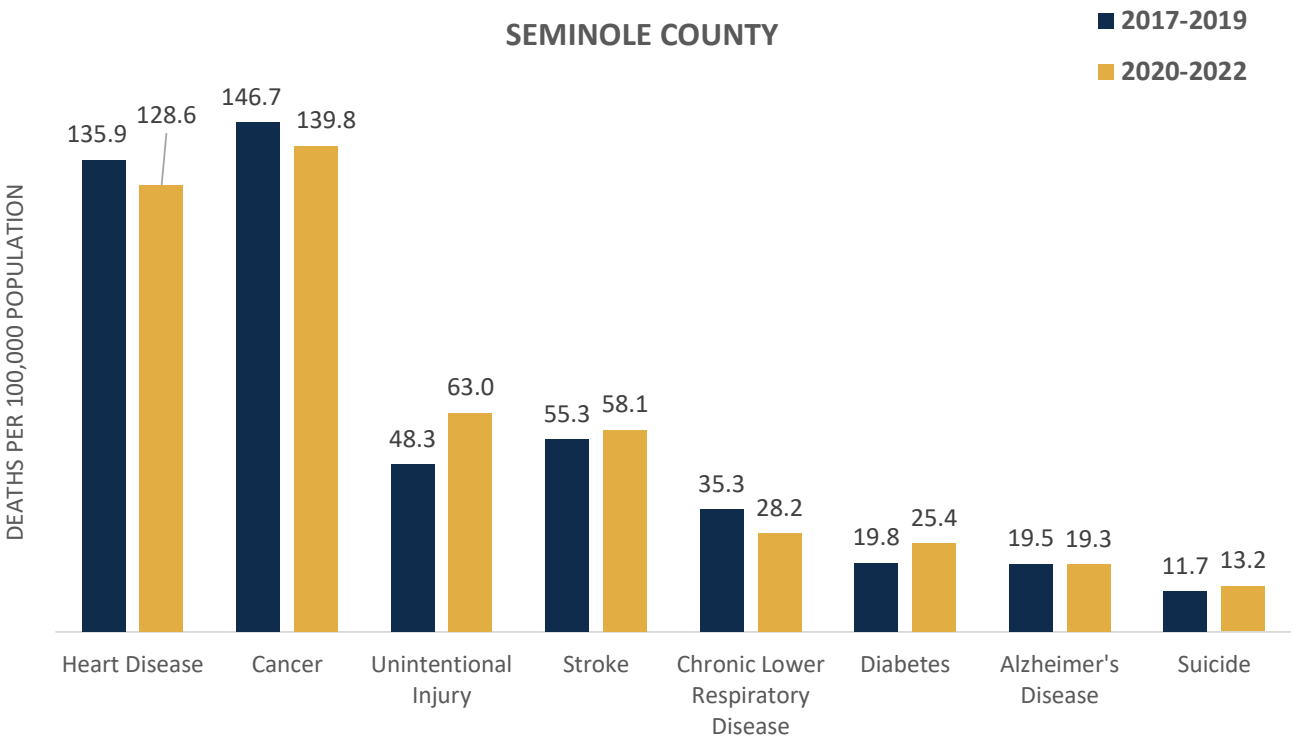
AGE-ADJUSTED MORTALITY RATES FOR LEADING CAUSES OF DEATH






ORANGE COUNTY
2017-2019
2020-2022
DEATHS PER 100,000 POPULATION
148.8
142.8
148.8
131.4
51.7
57.3
45.3
54.8
31.7
26.4
21.3
22.9
21.2
21.4
10.3
9.5
Heart Disease
Cancer
Unintentional Injury
Stroke
Chronic Lower Respiratory Disease
Diabetes
Alzheimer's Disease
Suicide


OSCEOLA COUNTY
2017-2019
2020-2022
DEATHS PER 100,000 POPULATION
164.9
162.5
157.9
139.5
50.0
57.8
51.6
58.0
32.5
31.7
21.9
25.5
22.6
23.1
12.6
8.6
Heart Disease
Cancer
Unintentional Injury
Stroke
Chronic Lower Respiratory Disease
Diabetes
Alzheimer's Disease
Suicide


SEMINOLE COUNTY
2017-2019
2020-2022
DEATHS PER 100,000 POPULATION
135.9
128.6
146.7
139.8
48.3
63.0
55.3
58.1
35.3
28.2
19.8
25.4
19.5
19.3
11.7
13.2
Heart Disease
Cancer
Unintentional Injury
Stroke
Chronic Lower Respiratory Disease
Diabetes
Alzheimer's Disease
Suicide



AGE-ADJUSTED MORTALITY RATES FOR LEADING CAUSES OF DEATH

Per 100,000 Population	Florida			Lake County			Orange County		
	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-
Heart Disease	146.5	145.5	→	161.3	160.5	←	148.8	142.8	→
Cancer	146.0	138.3	→	157.7	151.5	→	148.8	131.4	→
Unintentional Injury	55.0	69.9	←	73.0	86.1	←	51.7	57.3	→
Stroke	40.7	45.2	←	33.3	45.7	←	45.3	54.8	←
Chronic Lower Respiratory Disease	38.1	32.2	→	43.5	38.2	→	31.7	26.4	→
Diabetes	20.3	23.4	←	25.7	29.8	←	21.3	22.9	←
Alzheimer's Disease	19.9	18.9	→	18.0	15.3	→	21.2	21.4	←
Suicide	14.6	13.6	→	21.6	14.2	→	10.3	9.5	→

Per 100,000 Population	Florida			Osceola County			Seminole County		
	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-
Heart Disease	146.5	145.5	→	164.9	162.5	→	135.9	128.6	→
Cancer	146.0	138.3	→	157.9	139.5	→	146.7	139.8	→
Unintentional Injury	55.0	69.9	←	50.0	57.8	←	48.3	63.0	←
Stroke	40.7	45.2	←	51.6	58.0	←	55.3	58.1	←
Chronic Lower Respiratory Disease	38.1	32.2	→	32.5	31.7	→	35.3	28.2	→
Diabetes	20.3	23.4	←	21.9	25.5	←	19.8	25.4	←
Alzheimer's Disease	19.9	18.9	→	22.6	23.1		19.5	19.3	→
Suicide	14.6	13.6	→	12.6	8.6	→	11.7	13.2	←

Source: Florida Department of Health. Bureau of Vital Statistics, 2020-2022



Chronic Disease

Areas affected by the high prevalence of multiple chronic diseases face a variety of socioeconomic and environmental barriers to achieving good health. Many risk factors for chronic disease are likely beyond the individual's control and require large-scale policy change.[17]

Between 2019 and 2022, the cancer (except skin) incidence rate in Florida, Lake and Seminole counties increased by over a quarter. The incidence of coronary heart disease increased by over 14.0% in Lake, Orange and Seminole counties.

CHRONIC DISEASE INCIDENCE SUMMARY

Per 100,000 Population	Florida			Lake County			Orange County			Osceola County			Seminole County		
	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-
Arthritis	24.8	28.2	←	28.4	31.9	←	19.3	22.6	←	20.0	23.7	←	22.1	26.4	←
Asthma	8.7	9.8	←	8.2	10.1	←	8.3	9.9	←	8.1	9.3	←	8.0	9.3	←
Cancer (except skin)	7.3	9.2	←	8.9	11.2	←	5.4	6.4	←	5.4	6.2	←	6.6	8.4	←
COPD	8.4	8.2	→	9.5	9.7	←	6.1	6.1	=	6.5	6.6	←	6.4	6.2	→
Coronary Heart Disease	6.8	8.1	←	8.5	9.7	←	5.2	6.0	←	6.1	6.6	←	5.5	6.5	←
Diagnosed Diabetes	12.0	13.2	←	14.0	14.9	←	11.6	11.6	=	14.2	13.4	→	10.8	11.2	←
Obesity	30.3	32.4	←	31.2	34.2	←	33.5	32.6	→	36.2	31.3	→	28.7	31.5	←

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health, 2022

The data in the infographics on the following page comes from the Centers for Disease Control and Prevention. PLACES: Local Data for Better Health, U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates, Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, County Health Dashboard Health Resource Availability

[17] *National Center for Chronic Disease Prevention and Health Promotion. Chronic Disease Prevalence in the US: Sociodemographic and Geographic Variations by Zip Code Tabulation Area, February 2024. https://www.cdc.gov/pcd/issues/2024/23_0267.htm#:~:text=Areas%20affected%20by%20a%20high,require%20large%2Dscale%20policy%20change.*

Regional Comparison (Lake, Orange, Osceola and Seminole counties)
Health Profile

Quality of Life

	Lake County	Orange County	Osceola County	Seminole County
Fair or Poor Self-Rated Health Status	**19.8%**	**17.5%**	**20.9%**	**15.2%**
Physical Health Not Good for 14+ Days	**14.7%**	**12.3%**	**13.6%**	**11.5%**

Health Risk Behaviors

	Lake County	Orange County	Osceola County	Seminole County
Current Tobacco Use	**14.8%**	**12.3%**	**13.3%**	**12.3%**
Binge Drinking	**14.8%**	**17.5%**	**16.7%**	**16.8%**

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health, 2022

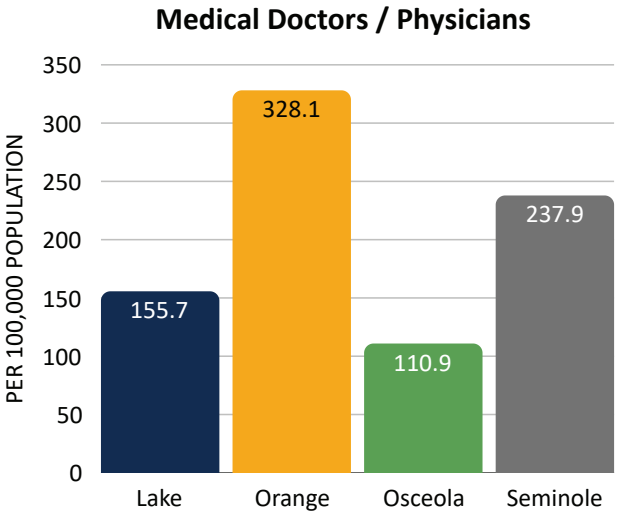
Population with a Disability

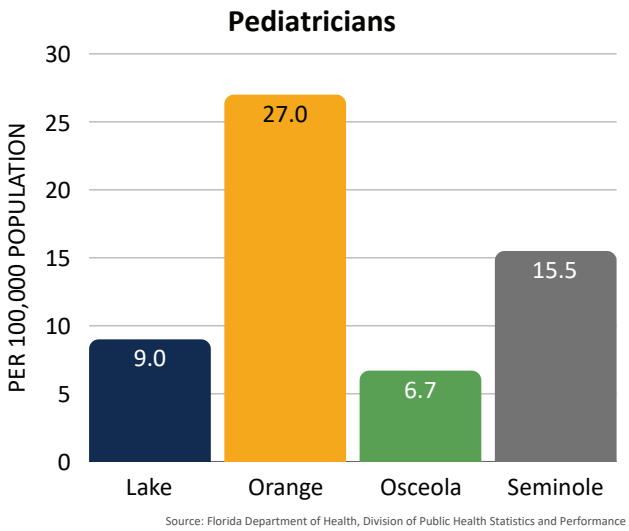


Lake County	Orange County	Osceola County	Seminole County
15.7%	**11.1%**	**13.2%**	**11.5%**

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Rate of Licensed Healthcare Providers





Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, County Health Dashboard Health Resource Availability, 2023

Cancer

In Florida, cancer is the second leading cause of death after heart disease. Cancer prevalence refers to the total number of individuals, both newly diagnosed and those previously diagnosed, who are living with cancer within a specific population at a given point in time. It provides a snapshot of how widespread cancer is in that population.

In 2023, Lake County reported the highest prevalence rate of adults diagnosed with non-skin cancers among the four counties in the region (11.2%).

TREND OF ADULTS WHO HAVE EVER BEEN TOLD THEY HAD CANCER (EXCEPT SKIN)

	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2022	9.2%	←	11.2%	←	6.4%	←	6.2%	←	8.4%	←
2020	6.6%	→	8.7%	→	5.3%	→	5.3%	→	6.5%	→
2019	7.3%	—	8.9%	—	5.4%	—	5.4%	—	6.6%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

Between 2018 and 2021, the overall age-adjusted cancer incidence rate decreased in Lake, Osceola and Seminole counties, while Florida's cancer incidence rate increased by nearly 4.0%. The overall age-adjusted cancer incidence rate in Orange County remained nearly the same. In Orange and Seminole counties, the rate of skin cancer increased by over 18.0%, compared to only 3.0% for the state of Florida.

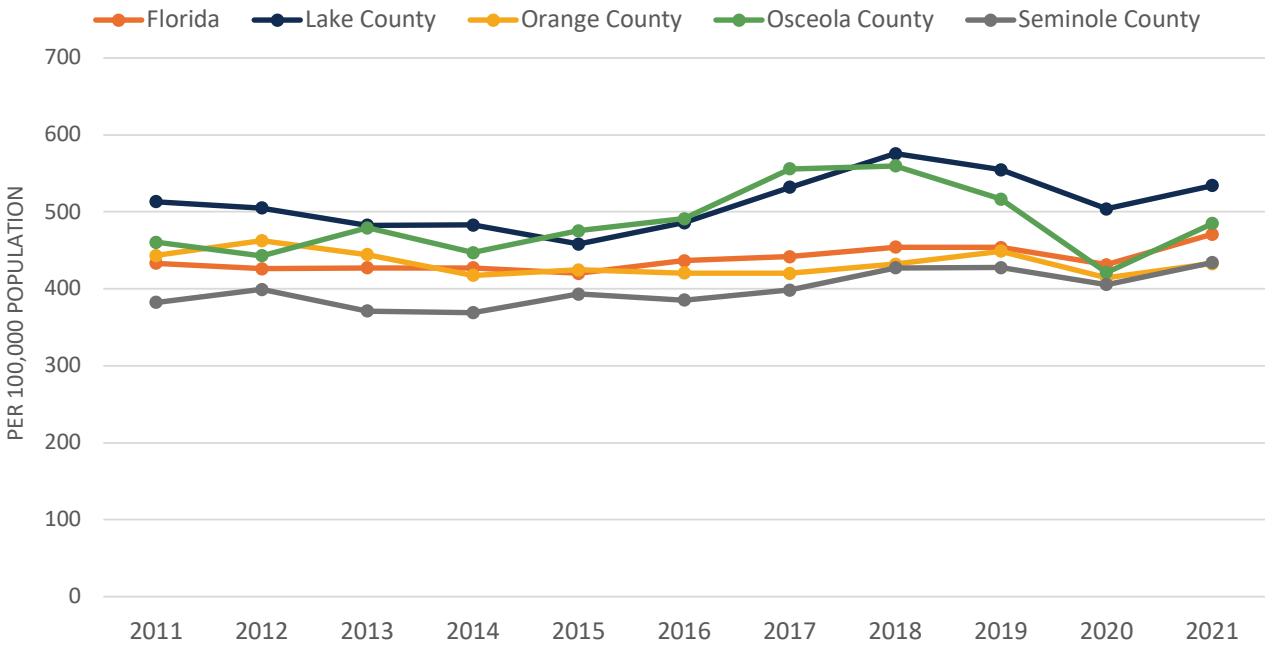
AGE-ADJUSTED CANCER INCIDENCE BY TYPE

Per 100,000 Population	Florida			Lake County			Orange County		
	2018	2021	+/-	2018	2021	+/-	2018	2021	+/-
All Cancer	**454.3**	**471.0**	←	**575.8**	**534.1**	→	**432.1**	**432.9**	←
Breast Cancer	123.4	134.4	←	123.8	146.8	←	119.1	137.7	←
Lung Cancer	55.9	51.4	→	67.1	60.0	→	48.5	43.2	→
Skin Cancer	25.3	26.0	←	27.9	27.0	→	13.6	16.1	←
Colorectal Cancer	35.1	36.3	←	39.3	39.1	→	39.2	40.1	←

Per 100,000 Population	Florida			Osceola County			Seminole County		
	2018	2021	+/-	2018	2021	+/-	2018	2021	+/-
All Cancer	**454.3**	**471.0**	←	**559.6**	**484.4**	→	**472.2**	**434.1**	→
Breast Cancer	123.4	134.4	←	141.1	141.5	←	126.8	128.1	←
Lung Cancer	55.9	51.4	→	54.6	50.1	→	45.1	40.9	→
Skin Cancer	25.3	26.0	←	17.1	18.6	←	21.7	26.3	←
Colorectal Cancer	35.1	36.3	←	48.6	43.3	→	32.5	33.1	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, University of Miami Medical School, Florida Cancer Data System

TREND OF AGE-ADJUSTED CANCER INCIDENCE



Per 100,000 Population	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2021	471.0	←	534.1	←	432.9	←	484.9	←	434.1	←
2020	431.2	→	503.9	→	414.4	→	421.1	→	405.5	→
2019	453.9	→	554.8	→	448.9	←	516.8	→	427.5	←
2018	454.3	←	575.8	←	432.1	←	559.6	←	427.2	←
2017	441.9	←	532.1	←	420.3	→	555.8	←	398.3	←
2016	436.6	←	486.1	←	420.6	→	491.2	←	385.5	→
2015	420.3	→	458.3	→	424.5	←	475.6	←	393.3	←
2014	427.2	=	483.0	←	417.7	→	447.2	→	369.0	→
2013	427.2	←	482.5	→	444.6	→	479.4	←	371.1	→
2012	426.2	→	504.9	→	462.6	←	443.1	→	399.3	←
2011	433.1	—	513.1	—	443.5	—	460.6	—	382.5	—

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, University of Miami Medical School, Florida Cancer Data System

[18] *"Incidence" means new cases only during a defined time. Learn more: Https://www.Flhealthcharts.Gov/Chartsreports/Rdpage.Aspx?Rdreport=Nonvitalind.DataviewerandCid=460*

Heart Disease

Heart disease is the leading cause of death in Florida, responsible for approximately two out of every ten deaths. In 2022, nearly 50,000 individuals in the state died from heart disease.[19]

Since 2019, the estimated annual prevalence rate of adults (aged 18 and over) who report ever having been told by a doctor, nurse or other health professional that they had angina or coronary heart disease has increased in all counties as well as Florida.

TREND OF ADULTS WHO HAVE EVER BEEN TOLD THEY HAD HEART DISEASE

	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2022	8.1%	←	9.7%	←	6.0%	←	6.6%	←	6.5%	←
2020	6.9%	←	9.2%	←	5.8%	←	6.3%	←	6.0%	←
2019	6.8%	—	8.5%	—	5.2%	—	6.1%	—	5.5%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

The 2021-2023 rate of preventable hospitalizations due to congestive heart failure among the population under age 65 is the highest in Lake County (approximately 88 hospitalizations per 100,000 population under age 65).

PREVENTABLE HOSPITALIZATIONS UNDER AGE 65 FROM CONGESTIVE HEART FAILURE[20]

	Florida			Lake County			Orange County		
Per 100,000 Population Under 65	2018-2020	2021-2023	+/-	2018-2020	2021-2023	+/-	2018-2020	2021-2023	+/-
	71.3	80.3	←	87.1	88.1	←	66.7	74.8	←

	Florida			Osceola County			Seminole County		
Per 100,000 Population Under 65	2018-2020	2021-2023	+/-	2018-2020	2021-2023	+/-	2018-2020	2021-2023	+/-
	71.3	80.3	←	59.8	67.9	←	62.2	67.9	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Agency for Healthcare Administration

[19] *Florida Department of Health; Agency for Health Care Administration; Arcadia. https://www.floridatrend.com/article/39203/heart-health/*

[20] *Resident inpatient hospitalizations due to congestive heart failure and that were potentially avoidable, occurring at civilian, non-federal hospitals located in Florida, among people less than 65 years old. Congestive heart failure occurs when the heart is unable to maintain adequate circulation of blood in the tissues of the body or to pump out the venous blood returned to it by the venous circulation. https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalIndNoGrp.Dataviewer*

Asthma, Diabetes and Hypertension

Asthma is a chronic condition that inflames and narrows the airways, which carry air in and out of the lungs. People with asthma have hyperresponsive airways that react more intensely to triggers like colds, cigarette smoke and exercise.[21]

Since 2019, the estimated annual prevalence rate of adults reporting asthma and being previously diagnosed has increased across all counties, especially in Lake County (23.2%).

TREND OF ADULTS WHO HAVE EVER BEEN TOLD THEY HAD ASTHMA

	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2022	9.8%	←	10.1%	←	9.9%	←	9.3%	←	9.3%	←
2020	8.7%	=	8.5%	←	8.6%	←	8.5%	←	8.3%	←
2019	8.7%	—	8.2%	—	8.3%	—	8.1%	—	8.0%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

Diabetes is a life-long disease that affects the way your body handles glucose, a kind of sugar, in the blood. The body changes most food into glucose, which the body uses for energy.[22] The prevalence of adults reporting a diabetes diagnosis (other than gestational diabetes) has risen in all counties, with Lake County seeing a 6.4% increase.

TREND OF ADULTS WHO HAVE EVER BEEN TOLD THEY HAD DIABETES

	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2022	13.2%	←	14.9%	←	11.6%	←	13.4%	←	11.2%	←
2020	11.5%	→	14.2%	←	10.9%	→	12.9%	→	10.4%	→
2019	12.0%	—	14.0%	—	11.6%	—	14.2%	—	10.8%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

Hypertension, also known as high blood pressure, occurs when the pressure of the blood flowing against the artery walls is above the normal range. Untreated high blood pressure can cause serious health problems, including heart attack, kidney failure and stroke.[23]

TREND OF ADULTS WHO HAVE EVER BEEN TOLD THEY HAVE HYPERTENSION

	Florida	+/-
2023	35.9%	→
2022	38.5%	←
2021	37.1%	–

Source: Florida Behavioral Risk Factor Surveillance System

[21] *Florida Health Across the State, What is Asthma? https://www.floridahealth.gov/diseases-and-conditions/asthma/what-is-asthma.html*
[22] *Florida Department of Health, Diabetes. https://www.floridahealth.gov/diseases-and-conditions/diabetes/index.html*
[23] *Central Florida Cardiovascular Center, High Blood Pressure. https://www.cfcardio.com/high-blood-pressure.php*

Unintentional injuries

Unintentional injuries are the third leading cause of death in Florida. Data from 2020-2022 indicate that Lake County has the highest mortality rate from unintentional falls and drownings in the four-county region. Osceola County experienced the greatest decrease in motor vehicle crash deaths, dropping by 14.2% between the 2017–2019 and 2020–2022 periods.

AGE-ADJUSTED MORTALITY RATE OF LEADING CAUSES OF FATAL UNINTENTIONAL INJURIES

Per 100,000 Population	Florida			Lake County			Orange County		
	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-
Falls	10.0	11.6	←	23.7	21.6	→	11.3	13.8	←
Motor Vehicle Crashes	14.8	16.2	←	19.6	19.9	←	12.1	12.7	←
Drowning	1.9	2.1	←	1.9	2.6	←	1.2	1.5	←

Per 100,000 Population	Florida			Osceola County			Seminole County		
	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-
Falls	10.0	11.6	←	8.7	12.7	←	11.8	18.3	←
Motor Vehicle Crashes	14.8	16.2	←	15.5	13.3	→	10.9	10.1	→
Drowning	1.9	2.1	←	1.8	1.8	=	2.1	2.0	→

Source: Florida Department of Health Bureau of Vital Statistics Fatal Injuries Profile



Between 2019 and 2022, Osceola County saw the greatest mortality rate increase for unintentional falls within the service area (48.7%). During the same period, the mortality rate fell by nearly a quarter in Lake County (-25.4%). The hospitalization rate for unintentional falls decreased in every county.

In 2022, Osceola County had the highest rate of hospitalizations due to motor vehicle accidents, with 96.6 hospitalizations per 100,000 population. Between 2019 and 2022, emergency room visits for firearm-related injuries increased across Florida and in every county within the service area, with Osceola County experiencing the largest rise at 69.2%.

AGE-ADJUSTED RATE OF HOSPITALIZATIONS AND DEATHS FROM UNINTENTIONAL INJURIES

Per 100,000 Population	Florida			Lake County			Orange County		
	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-
Unintentional Falls									
Mortality Rate	10.0	12.2	←	25.2	18.8	→	11.7	14.5	←
Hospitalization Rate	243.9	247.7	←	288.0	264.9	→	293.4	288.4	→
Motor Vehicle Accidents									
Mortality Rate	14.7	15.8	←	20.4	21.8	←	10.8	12.0	←
Hospitalization Rate	76.4	80.4	←	82.8	75.1	→	67.7	68.4	←
Firearm Injuries									
Non-Fatal Hospitalization Rate	10.0	11.2	←	8.1	7.2	→	7.2	11.5	←
Emergency Room Visits	14.4	17.4	←	9.4	12.3	←	11.3	14.5	←

Per 100,000 Population	Florida			Osceola County			Seminole County		
	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-
Unintentional Falls									
Mortality Rate	10.0	12.2	←	7.8	11.6	←	18.0	19.6	←
Hospitalization Rate	243.9	247.7	←	286.8	260.8	→	298.9	278.3	→
Motor Vehicle Accidents									
Mortality Rate	14.7	15.8	←	19.8	14.5	→	11.9	10.3	→
Hospitalization Rate	76.4	80.4	←	103.0	96.6	→	54.2	52.4	→
Firearm Injuries									
Non-Fatal Hospitalization Rate	10.0	11.2	←	6.9	7.7	←	5.9	5.7	→
Emergency Room Visits	14.4	17.4	←	6.5	11.0	←	6.9	7.8	←

Source: Florida Department of Health. Bureau of Vital Statistics Fatal Injuries Profile

Maternal Health

Maternal health refers to women's health and well-being during pregnancy, childbirth and postpartum (after childbirth). The U.S. is experiencing a maternal health crisis as it has one of the highest maternal mortality rates among high-income nations, increasing rates of complications from pregnancy or childbirth and persistent disparities in such outcomes.[24] Maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. Complications during pregnancy and childbirth are a leading cause of death and disability among women of reproductive age in developing countries.

Statewide, the maternal mortality rate decreased by 35.3%. Between 2019 and 2023, Lake and Seminole counties saw the largest reductions in maternal deaths per 100,000 live births. In contrast, Osceola County experienced the most notable increase, with its maternal death rate rising from 0.0 in 2019 to 20.1 in 2023.

MATERNAL DEATHS

	Florida			Lake County			Orange County		
	2019	2023	+/-	2019	2023	+/-	2019	2023	+/-
Per 100,000 Live Births	28.6	18.5	→	29.2	0.0	→	30.1	12.3	→

	Florida			Osceola County			Seminole County		
	2019	2023	+/-	2019	2023	+/-	2019	2023	+/-
Per 100,000 Live Births	28.6	18.5	→	0.0	20.1	←	43.0	0.0	→

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Pregnancy and Young Child Profile

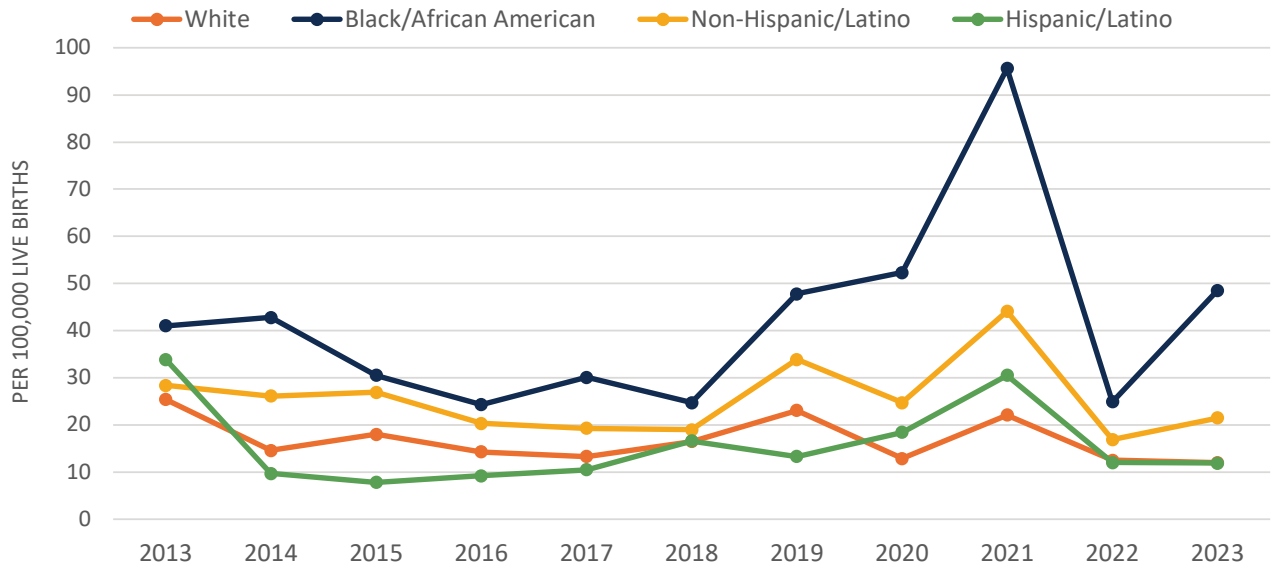


[24] *U.S. Government Accountability Office, Maternal Health: HHS Should Improve Assessment of Efforts to Address Worsening Outcomes (2024). https://www.gao.gov/products/gao-24-106271#:~:text=The%20U.S.%20is%20experiencing%20a,such%20outcomes%2C%20according%20to%20HHS*

Racial disparities in maternal and infant health in the U.S. persist despite advances in medical care, largely due to systemic racism and deep-rooted social and economic inequities. While access to care and insurance coverage are factors, disparities remain even when accounting for education and income, highlighting the profound impact of racism and discrimination on health outcomes.[25]

Over the past ten years, Black/African American mothers have had the highest maternal death rate in Florida.

TREND OF MATERNAL DEATH RATE BY RACE AND ETHNICITY (STATE OF FLORIDA)



Per 100,000 Live Births	White	+/-	Black/African American	+/-	Non Hispanic/ Latino	+/-	Hispanic/ Latino	+/-
2023	12.0	→	48.5	←	21.5	←	11.9	→
2022	12.5	→	24.9	→	16.9	→	12.0	→
2021	22.1	←	95.6	←	44.1	←	30.5	←
2020	12.9	→	52.3	←	24.7	→	18.4	←
2019	23.1	←	47.8	←	33.9	←	13.3	→
2018	16.5	←	24.7	→	19.0	→	16.6	←
2017	13.3	→	30.1	←	19.3	→	10.5	←
2016	14.3	→	24.3	→	20.3	→	9.2	←
2015	18.0	←	30.5	→	26.9	←	7.8	→
2014	14.6	→	42.8	←	26.1	←	9.7	→
2013	25.4	—	41.0	—	28.4	—	33.9	—

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Health, Bureau of Vital Statistics

[25] *KFF, Racial Disparities in Maternal and Infant Health: Current Status and Efforts to Address Them (2024). https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/*

Across all four counties, Black/African American women experience significantly higher rates of complications leading to hospitalizations compared to other races and ethnicities, more than twice the rate of white women in Lake, Orange and Seminole counties and nearly twice the rate in Osceola County.

SEVERE MATERNAL MORBIDITY BY RACE AND ETHNICTY[26]

Per 100,000 Live Births	Florida	Lake County	Orange County	Osceola County	Seminole County
Total	**23.8**	**23.3**	**29.4**	**21.4**	**24.0**
White	19.8	18.2	18.8	16.8	18.5
Black/African American	35.3	39.4	45.5	30.9	44.0
Other Race	24.5	27.4	29.7	24.7	22.8
Hispanic/Latino	22.5	23.2	24.2	20.9	19.9
Non-Hispanic/Latino	24.5	23.1	32.1	22.0	25.5

Source: Florida Department of Health, Bureau of Vital Statistics 2021-2023

Despite spending hundreds of millions of dollars on maternal and infant health, Florida's infant mortality rate has remained largely unchanged over the past decade. During this time, the number of births to mothers without prenatal care has increased, according to state data. In 2023, Florida allocated over $170 million to address maternal and infant health, roughly double what it spent on tourism promotion, but still less than what it provided for wastewater grants. Yet key indicators such as infant and fetal mortality, preterm births and low birth weights have shown little improvement since they spiked and then plateaued a decade ago. In 2022, the infant mortality rate remained at 6 deaths per 1,000 births, the same as in 2012.[27]

Between 2019 and 2022, the infant mortality rate in Lake County decreased by 47.1%, followed by Seminole County (-26.1%).

INFANT MORTALITY RATE[28]

	Florida			Lake County			Orange County		
	2019	**2022**	**+/-**	**2019**	**2022**	**+/-**	**2019**	**2022**	**+/-**
Per 1,000 live births	6.0	6.0	=	8.5	4.5	→	5.8	5.7	→

	Florida			Osceola County			Seminole County		
	2019	**2022**	**+/-**	**2019**	**2022**	**+/-**	**2019**	**2022**	**+/-**
Per 1,000 live births	6.0	6.0	=	4.7	4.0	→	6.9	5.1	→

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Pregnancy and Young Child Profile

[26] *Severe Maternal Morbidity is calculated using codes specified by the Alliance for Innovation on Maternal Health among delivery hospital inpatient records for females aged 12-55. Includes acute myocardial infarction, aneurysm, acute renal failure, adult respiratory distress syndrome, amniotic fluid embolism, cardiac arrest/ventricular fibulation, conversion of cardiac rhythm, disseminated intravascular fibrillation, eclampsia, heart failure/arrest during surgery or procedure, puerperal cerebrovascular disorders, pulmonary edema/acute heart failure, severe anesthesia complications, sepsis, shock, sickle cell disease with crisis, air and thrombotic embolism, blood products transfusion, hysterectomy, temporary tracheostomy or ventilation. https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalInd.Dataviewer&cid=0867*

[27] *Governing. Florida Invests Millions to Keep Babies Alive. It's Not Working (2024). https://www.governing.com/management-and-administration/florida-invests-millions-to-keep-babies-alive-its-not-working*

[28] *Low Birth Weight, percentage of live births under 2,500 grams. Infant Mortality. Teen Births (0 – 18) per 1,000 live births.*

INFANT CHARACTERISTICS[29]

	Florida			Lake County			Orange County		
	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-
Low birth weight (percent of total births)	8.8%	9.1%	←	8.2%	9.3%	←	8.7%	9.4%	←
Teen birth rate (under 18), per 1,000	2.3	1.9	→	2.6	1.9	→	2.0	1.5	→

	Florida			Osceola County			Seminole County		
	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-
Low birth weight (percent of total births)	8.8%	9.1%	←	8.0%	8.1%	←	6.8%	8.1%	←
Teen birth rate (under 18), per 1,000	2.3	1.9	→	2.0	1.5	→	1.2	1.0	→

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Pregnancy and Young Child Profile

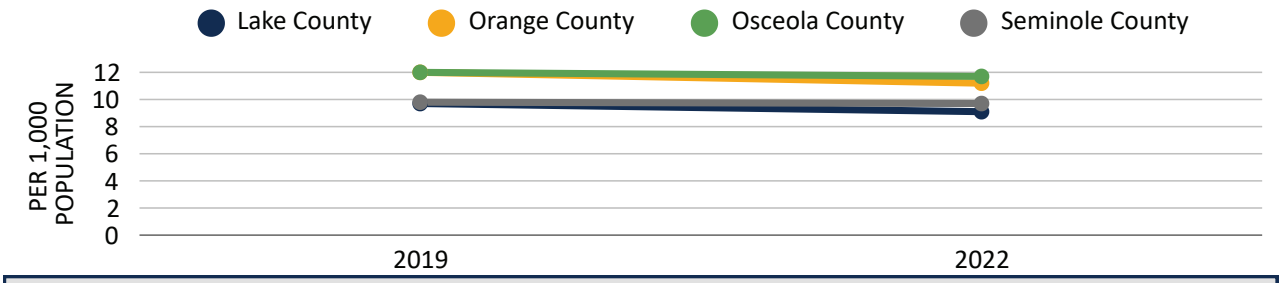
The data in the infographics on the following page comes from Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Health, Bureau of Vital Statistics, Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Pregnancy and Young Child Profile.



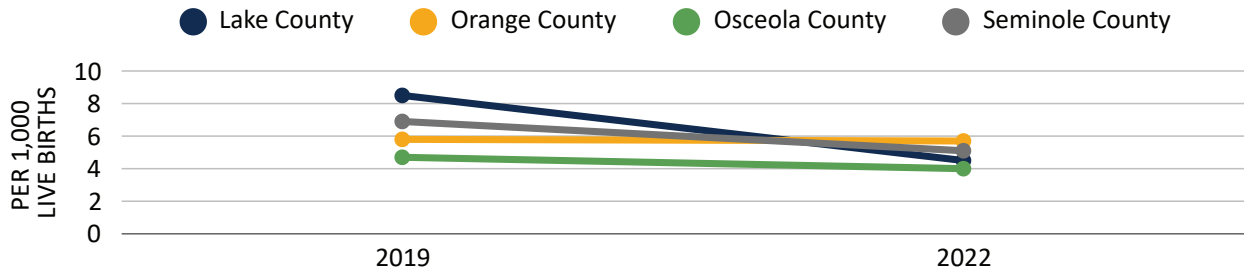
[29] *0 – 364 days from birth per 1,000 live births.*

Regional Comparison (Lake, Orange, Osceola and Seminole counties)
Maternal Health Profile

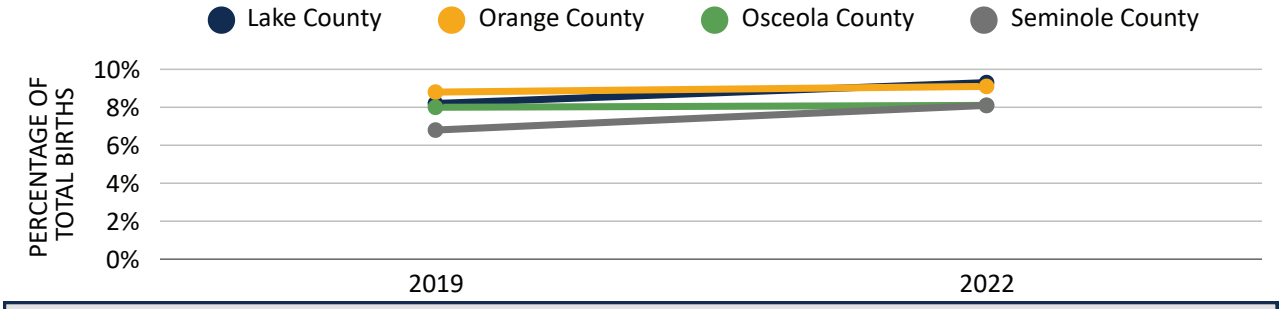
Birth Rates



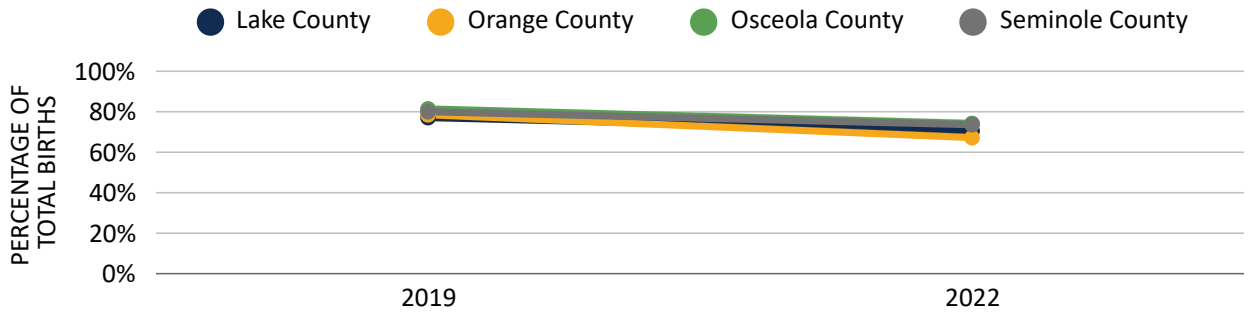
Infant Mortality Rate



Low Birth Weight



Births to Mothers with First Trimester Prenatal Care



Child and Adolescent Health

The early years of a child's life are very important for their health and development. Healthy development means that children of all abilities, including those with special healthcare needs, are able to grow up where their social, emotional and educational needs are met.[30]

Between 2019 and 2023, Osceola (17.0%) and Lake (14.0%) counties experienced the highest growth of residents under 21.

POPULATION UNDER 21 YEARS OLD[31]

Florida		Lake County		Orange County	
2019	2023	2019	2023	2019	2023
4,708,580	4,894,051	74,440	84,820	347,142	364,002

Florida		Osceola County		Seminole County	
2019	2023	2019	2023	2019	2023
4,708,580	4,894,051	99,641	116,696	109,562	110,332

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS

POPULATION UNDER 21 YEARS OLD BY RACE AND ETHNICITY[32]

	Florida		Lake County		Orange County	
	2019	2022	2019	2022	2019	2022
White	69.7%	69.2%	75.8%	74.7%	62.8%	62.1%
Black/African American	22.1%	22.1%	15.9%	16.8%	26.8%	26.9%
Other	8.2%	8.7%	8.3%	8.5%	10.4%	11.0%
Hispanic/Latino	31.7%	31.7%	24.6%	26.1%	36.9%	37.0%
Non-Hispanic/Latino	68.3%	68.3%	75.4%	73.9%	63.1%	63.0%

	Florida		Osceola County		Seminole County	
	2019	2022	2019	2022	2019	2022
White	69.7%	69.2%	76.7%	75.0%	73.3%	69.2%
Black/African American	22.1%	22.1%	15.3%	16.4%	15.6%	22.1%
Other	8.2%	8.7%	8.0%	8.6%	11.2%	8.7%
Hispanic/Latino	31.7%	31.7%	61.9%	61.5%	26.3%	31.7%
Non-Hispanic/Latino	68.3%	68.3%	38.1%	38.5%	73.7%	68.3%

Source: Florida Department of Health. Bureau of Community Health Assessment Division of Public Health Statistics and Performance Management Child Health Status Profile

[30] *U.S. Centers for Disease Control and Prevention, Healthy Habits: Child Development. https://www.cdc.gov/child-development/about/index.html#:~:text=The%20early%20years%20of%20a,and%20educational%20needs%20are%20met*

[31] *Column totals for the table will not equal 100.0%.*

[32] *Column totals for the table will not equal 100.0%.*

Childhood vaccination rates in Florida continue to decline, part of a national trend. In the 2023-2024 school year, Florida had one of the lowest required immunization rates among kindergartners in the nation according to the U.S. Centers for Disease Control and Prevention.[33]

The percentage of kindergarteners and two-year-olds receiving basic immunizations dropped for all counties between 2019 and 2023, predominantly in Osceola County (6.7%).

BASIC IMMUNIZATIONS FOR KINDERGARTEN STUDENTS[34]

Florida			Lake County			Orange County			Osceola County			Seminole County		
2019	2023	+/-	2019	2023	+/-	2019	2023	+/-	2019	2023	+/-	2019	2023	+/-
93.8%	90.6%	←	94.1%	88.6%	←	91.5%	87.3%	←	93.1%	86.9%	←	93.0%	90.2%	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Health, Bureau of Epidemiology

BASIC IMMUNIZATIONS FOR TWO-YEAR-OLDS[35]

Florida			Lake County			Orange County			Osceola County			Seminole County		
2019	2022	+/-	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-
83.5%	76.6%	←	80.5%	77.2%	←	86.7%	76.0%	←	85.9%	73.7%	←	82.0%	78.5%	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Health, Bureau of Epidemiology



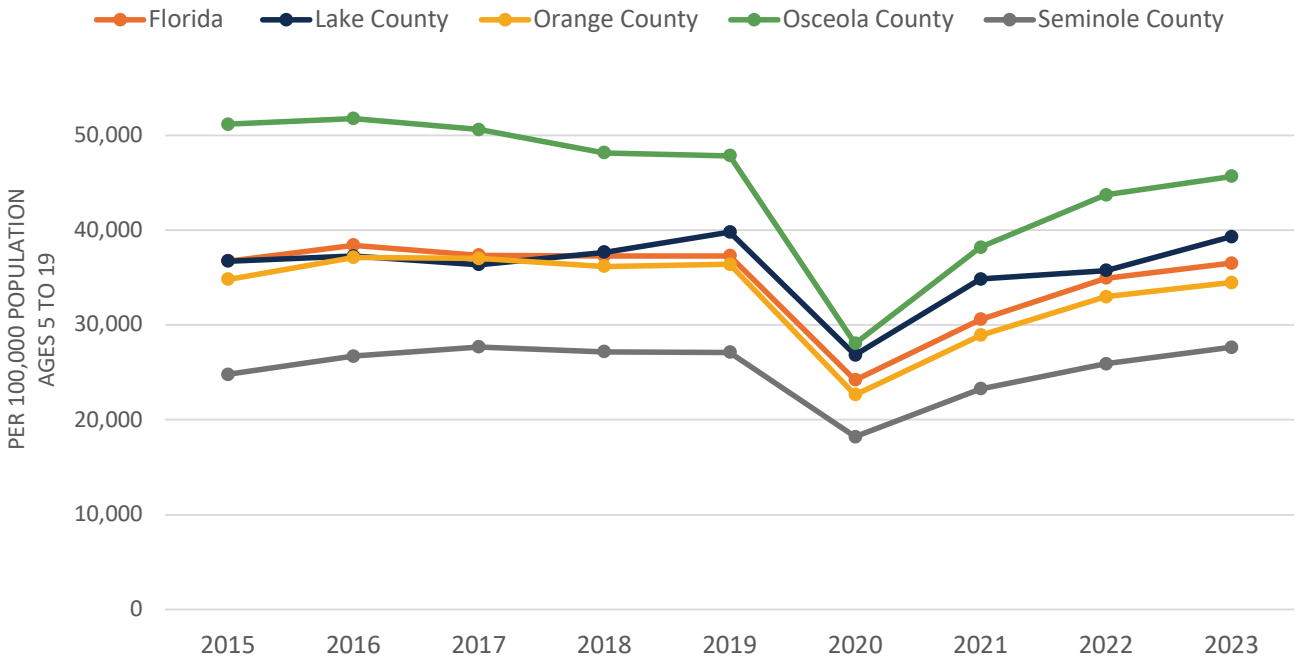
[33] *U.S. Centers for Disease Control and Prevention, Vaccination Coverage and Exemptions among Kindergartners (2024). https://www.cdc.gov/schoolvaxview/data/index.html?utm_source=newsletter&utm_medium=email&utm_campaign=newsletter_axiosam&stream=top*

[34] *Refer to the state immunization surveys by year for the applicable definition of completed immunizations. Vaccination rates refer to the measure of four or more doses of Diphtheria, Tetanus Toxoids, And Acellular Pertussis (Dtap) Vaccine, three or more doses of inactivated Poliovirus Vaccine (IPV), One Or More Doses Of Measles, Mumps And Rubella (MMR) Vaccine, three or more doses of Haemophilus Influenzae Type B (Hib) Vaccine, three or more doses of Hepatitis B Vaccine, one or more doses of varicella vaccine (or physician documented disease history), and four or more doses of Pneumococcal Conjugate Vaccine (PCV).*

[35] *The basic two year old immunization rate completion is based on 4:3:1:3:3:1 basic immunization series consisting of four or more doses of diphtheria, tetanus toxoids, and acellular pertussis (DTaP) vaccine; three or more doses of poliovirus vaccine (IPV); one or more doses of measles, mumps and rubella (MMR) vaccine; Haemophilus influenzae type b (Hib) vaccine (three or four doses, depending on product type); three or more doses of hepatitis B vaccine; one or more doses of varicella vaccine.*

The rate of child emergency department visits for children aged 5 to 19 has steadily increased in all counties over the past three years. The greatest increase since 2021 was in Orange and Osceola counties, more than 19.0%.

TREND OF CHILD EMERGENCY DEPARTMENT VISITS



Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Agency for Healthcare Administration



Per 100,000 Population Ages 5 to 19	Florida	+/-	Lake County	+/-	Orange County	+/-
2023	36,509.5	←	39,327.9	←	34,460.8	←
2022	34,946.1	←	35,735.6	←	32,998.6	←
2021	30,592.9	←	34,848.4	←	28,920.6	←
2020	24,194.7	→	26,852.6	←	22,639.5	→
2019	37,303.6	←	39,800.8	→	36,394.1	←
2018	37,295.7	→	37,672.7	←	36,169.3	→
2017	37,365.8	→	36,383.9	→	37,026.2	→
2016	38,405.0	←	37,270.7	←	37,125.7	←
2015	36,745.6	—	36,754.4	—	34,806.0	—

Per 100,000 Population Ages 5 to 19	Florida	+/-	Osceola County	+/-	Seminole County	+/-
2023	36,509.5	←	45,669.3	←	27,634.2	←
2022	34,946.1	←	43,732.6	←	25,911.5	←
2021	30,592.9	←	38,210.7	←	23,270.7	←
2020	24,194.7	→	28,046.4	→	18,223.3	→
2019	37,303.6	←	47,849.6	→	27,119.1	←
2018	37,295.7	→	48,159.1	←	27,193.3	←
2017	37,365.8	→	50,621.2	→	27,680.9	→
2016	38,405.0	←	51,774.5	←	26,711.8	←
2015	36,745.6	—	51,184.7	—	24,781.0	—

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Agency for Healthcare Administration



Asthma is the leading cause of chronic illness in children. It affects about 7.5 million children in the United States. The rate of the condition in children is steadily increasing. It's also one of the main causes of missed school for children and missed work for parents.[36]

Between 2019 and 2023, hospitalization rates for asthma among children aged 1 to 5 increased across all four counties, with the most significant rises seen in Osceola County (72.6%) and Seminole County (53.0%). For children aged 5 to 11 and adolescents aged 12 to 18, the largest increase occurred in Seminole County, at 31.6%.

HOSPITALIZATIONS IN CHILDREN FOR ASTHMA

Per 100,000 Population	Florida			Lake County			Orange County		
Age Group	2019	2023	+/-	2019	2023	+/-	2019	2023	+/-
1 - 5	476.6	488.2	←	535.2	585.5	←	288.3	497.7	←
5 - 11	305.0	308.4	←	288.9	373.3	←	365.9	458.1	←
12 - 18	413.4	431.4	←	383.2	413.7	←	570.2	662.8	←

Per 100,000 Population	Florida			Osceola County			Seminole County		
Age Group	2019	2023	+/-	2019	2023	+/-	2019	2023	+/-
1 - 5	476.6	488.2	←	412.1	460.8	←	297.6	455.3	←
5 - 11	305.0	308.4	←	306.8	217.1	→	216.3	404.7	←
12 - 18	413.4	431.4	←	519.4	483.7	←	467.2	614.8	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Agency for Healthcare Administration

Diabetes increases children's risk of developing conditions such as narrowed blood vessels, high blood pressure, heart disease and stroke later in life.[37]

HOSPITALIZATIONS IN CHILDREN FOR DIABETES

Per 100,000 Population	Florida			Lake County			Orange County		
Age Group	2019	2023	+/-	2019	2023	+/-	2019	2023	+/-
1 - 5	17.3	21.2	←	16.9	10.2	→	11.7	29.1	←
5 - 11	40.2	39.7	→	52.5	36.0	→	24.2	44.9	←
12 - 18	133.2	116.0	→	40.2	89.8	←	122.3	115.2	→

Per 100,000 Population	Florida			Osceola County			Seminole County		
Age Group	2019	2023	+/-	2019	2023	+/-	2019	2023	+/-
1 - 5	17.3	21.2	←	17.0	14.7	→	15.5	19.6	←
5 - 11	40.2	39.7	→	48.3	50.7	←	30.9	30.5	→
12 - 18	133.2	116.0	→	183.2	129.6	→	59.3	123.9	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Agency for Healthcare Administration

[36] *Cleveland Clinic, Childhood Asthma. https://my.clevelandclinic.org/health/diseases/6776-asthma-in-children*

[37] *Mayo Clinic, Type 1 Diabetes in Children. https://www.mayoclinic.org/diseases-conditions/type-1-diabetes-in-children/symptoms-causes/syc-20355306#:~:text=Diabetes%20increases%20your%20child's%20risk,Nerve%20damage.*

Childhood obesity increases the risk of physical and psychological health issues, including diabetes, high blood pressure, low self-esteem and anxiety. Overweight kindergarteners are four times more likely to be obese by 8th grade. Lower-income children face higher risks due to limited access to healthy food and physical activity. Obesity is influenced by genetics, diet, exercise, healthcare, sleep and environmental factors.[38] Children aged 6 to 17 should get at least 60 minutes of moderate-to-vigorous daily activity. Regular exercise boosts fitness, reduces body fat and strengthens bones and muscles.[39]

The percentage of high school students considered to be obese in Orange County increased by 24.0% between 2018 and 2022. Between this same period, Osceola County experienced the greatest increase in middle school students considered to be obese at nearly 63.0%. Fewer high school and middle school students self-reported being active for at least 60 minutes every day in the past week in 2022 as well.

OBESE HIGH SCHOOL STUDENTS

Florida			Lake County			Orange County			Osceola County			Seminole County		
2018	2022	+/-	2018	2022	+/-	2018	2022	+/-	2018	2022	+/-	2018	2022	+/-
14.3%	15.2%	←	15.4%	14.8%	→	13.2%	16.4%	←	14.6%	12.0%	→	11.2%	10.1%	→

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey

OBESE MIDDLE SCHOOL STUDENTS

Florida			Lake County			Orange County			Osceola County			Seminole County		
2018	2022	+/-	2018	2022	+/-	2018	2022	+/-	2018	2022	+/-	2018	2022	+/-
13.2%	15.7%	←	12.7%	15.7%	←	13.9%	13.4%	→	9.4%	15.3%	←	10.0%	12.9%	←

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey

PHYSICALLY ACTIVE HIGH SCHOOL STUDENTS

Florida			Lake County			Orange County			Osceola County			Seminole County		
2018	2022	+/-	2018	2022	+/-	2018	2022	+/-	2018	2022	+/-	2018	2022	+/-
21.7%	19.0%	←	23.5%	17.4%	←	19.3%	14.6%	←	17.3%	11.4%	←	24.5%	21.8%	←

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey

PHYSICALLY ACTIVE MIDDLE SCHOOL STUDENTS

Florida			Lake County			Orange County			Osceola County			Seminole County		
2018	2022	+/-	2018	2022	+/-	2018	2022	+/-	2018	2022	+/-	2018	2022	+/-
26.6%	21.5%	←	25.4%	21.9%	←	23.3%	19.3%	←	20.6%	18.2%	←	21.5%	22.0%	←

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey

[38] *U.S. Centers for Disease Control and Prevention, About Early Care and Education. https://www.cdc.gov/obesity/strategies/early-care-education/helping-young-children-thrive/*

[39] *U.S. Centers for Disease Control and Prevention, Physical Activity Guidelines for School-Aged Children and Adolescents https://www.cdc.gov/physical-activity-education/guidelines/index.html*

Behavioral Health

The Centers for Disease Control and Prevention defines mental health as emotional, psychological and social well-being. It is a crucial part of overall health and affects how people think, feel and act. Poor mental health can impact physical health and mental health conditions, like depression and can increase the risk for other health problems like diabetes and heart disease.[40]

The COVID-19 pandemic is considered a major factor contributing to the rise in anxiety and depression cases across Florida. Additionally, research shows that following disasters, mental health problems increase, both among people with no history of mental illness and those at risk. It is a phenomenon known as common reactions to abnormal events. These reactions may be short-lived or long-lasting.[41]

The percentage of adults in Florida and all four counties reporting having poor mental health in 14 or more of the past 30 days has increased over time. The percentage of adults ever being told they have depressive disorder has also increased.

SELF-REPORTED POOR MENTAL HEALTH DAYS BY ADULTS[42]

	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2022	16.8%	←	16.3%	←	17.4%	←	17.1%	←	16.1%	←
2020	15.3%	→	14.4%	→	15.0%	=	15.0%	→	14.0%	←
2019	15.8%	—	14.5%	—	15.0%	—	15.1%	—	13.8%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

ADULTS WHO HAVE EVER BEEN TOLD THEY HAD A DEPRESSIVE DISORDER

	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2022	19.7%	←	20.6%	←	20.6%	←	19.3%	←	19.0%	←
2020	18.3%	→	18.8%	←	16.8%	→	17.7%	←	17.5%	→
2019	19.3%	—	17.6%	—	18.2%	—	17.4%	—	18.2%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

[40] *U.S Centers for Disease Control and Prevention. About Mental Health, 2024 https://www.cdc.gov/mental – health/about/?CDC_AAref_Val=https://www.cdc.gov/mentalhealth/learn/index.htm*

[41] *Centers for Disease Control and Prevention. Mental Health and Stress – Related Disorders, March 2024. https://www.cdc.gov/climate – health/php/effects/mental – health – disorders.html#:~:text=Effect%20of%20extreme%20weather&text=Following%20disasters%2C%20mental%20health%20problems,%2Dlived%20or%20long%2Dlasting.*

[42] *Estimated annual prevalence rate of adults aged 18 and over who report 14 or more days during the past 30 days during which their mental health was not good. https://www.cdc.gov/places/measure – definitions/health – status/index.html*

In 2022, the U.S. recorded nearly 50,000 suicides—the highest number on record and more than during World War II, according to the CDC. Risk factors include psychiatric and substance use disorders, previous suicide attempts, psychiatric hospitalization and social isolation. In 2023, one in five high school students seriously considered suicide. Teen mental health has declined over the past decade, driven by concerns about violence, safety, persistent sadness and suicidal thoughts, with female students being disproportionately affected.[43]

Florida's overall suicide rate declined by nearly 5.0% from 2018-2020 to 2020-2022, while Seminole County experienced a nearly 14.0% increase. Lake County experienced the greatest decrease in suicide rate, with a 27.9% reduction. The suicide rate for the population aged 12 to 18 decreased in Lake and Osceola counties, while the suicide rate increased in Orange and Seminole counties.

SUICIDE RATE (ALL AGES) PER 100,000 POPULATION

Florida			Lake County			Orange County			Osceola County			Seminole County		
2018-2020	2020-2022	+/-	2018-2020	2020-2022	+/-	2018-2020	2020-2022	+/-	2018-2020	2020-2022	+/-	2018-2020	2020-2022	+/-
14.3	13.6	→	19.7	14.2	→	9.6	9.5	→	11.5	8.6	→	11.6	13.2	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Health, Bureau of Vital Statistics

YOUTH SUICIDE RATE (AGE 12-18) PER 100,000 POPULATION[44]

Florida			Lake County			Orange County			Osceola County			Seminole County		
2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-
6.0	6.0	=	14.0	3.5	→	3.6	6.5	←	4.7	2.5	→	4.2	4.9	←

YOUNG ADULT SUICIDE RATE (AGE 19-21) PER 100,000 POPULATION[45]

Florida			Lake County			Orange County			Osceola County			Seminole County		
2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-
12.2	14.1	←	3.2	22.3	←	8.7	18.6	←	9.3	8.3	→	10.0	9.9	→

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Health, Bureau of Vital Statistics

[43] *Yale School of Medicine, Youth Suicide Is on the Rise: Yale Aims to Save Lives (2024). https://medicine.yale.edu/news-article/youth-suicide-is-on-the-rise-yale-aims-to-save-lives/*

[44] *Crude Rates.*

[45] *Crude Rates.*

Substance Use

Binge drinking is the percentage of adults reporting heavy drinking (five or more drinks for men, four or more drinks for women) on one occasion in the past 30 days. Annual binge drinking prevalence rates declined across all counties and the state from 2019 to 2020 but rose again in 2022.

TREND OF ADULTS WHO SELF-REPORTED ENGAGING IN BINGE DRINKING

	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2022	16.1%	←	14.8%	←	18.3%	←	16.7%	←	16.8%	←
2020	14.9%	→	12.6%	→	14.3%	→	14.8%	→	16.2%	→
2019	17.8%	—	14.8%	—	18.9%	—	16.2%	—	18.1%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

The estimated annual prevalence rate of adults reporting having smoked 100 or more cigarettes in their lifetime and currently smoke every day or some days declined for all counties between 2019 and 2022.

SELF-REPORTED CURRENT ADULT TOBACCO USE

Florida			Lake County			Orange County			Osceola County			Seminole County		
2019	2022	+/-	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-
18.1%	14.2%	→	17.9%	14.8%	→	15.5%	12.4%	→	15.8%	13.3%	→	13.5%	12.3%	→

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

The percentage of adults self-reporting using an e-cigarette, also known as an electronic cigarette, or device that allows a user to inhale nicotine and other vapors, has been steadily increasing in Florida since 2020.

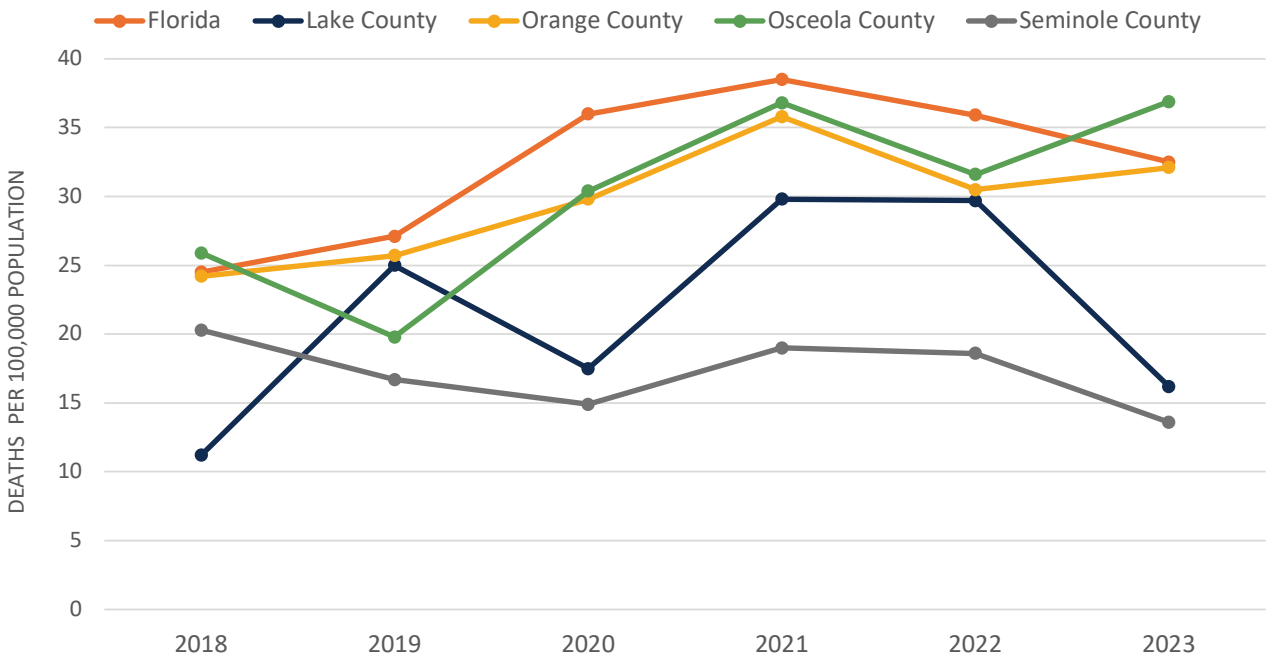
SELF-REPORTED CURRENT ADULT E-CIGARETTE USE (STATE OF FLORIDA)

	Florida	+/-
2023	7.6%	←
2022	6.1%	→
2021	6.9%	←
2020	5.7%	→
2019	7.5%	←
2018	5.9%	—

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Between 2018 and 2023, the overdose death rate increased statewide by 32.7%. This rate also increased in three of the four counties, primarily in Lake County, by 44.6%. The overall death rate in Seminole County decreased by 33.0%. In 2023, Osceola County had the highest overdose death rate out within the four-county region, nearly 37 deaths per 100,000 population.

TREND OF AGE-ADJUSTED OVERDOSE DEATH RATE



Per 100,000 Population	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2023	32.5	→	16.2	→	32.1	←	36.9	←	13.6	→
2022	35.9	→	29.7	→	30.5	→	31.6	→	18.6	→
2021	38.5	←	29.8	←	35.8	←	36.8	←	19.0	←
2020	36.0	←	17.5	→	29.8	←	30.4	←	14.9	→
2019	27.1	←	25.0	←	25.7	←	19.8	→	16.7	→
2018	24.5	—	11.2	—	24.2	—	25.9	—	20.3	—

Source: Florida Department of Health Bureau of Community Health Assessment Division of Public Health Statistics and Performance Management Substance Use Dashboard

In Lake, Orange and Seminole counties the overdose death rates for all substances listed in the data below decreased between 2019 and 2023. In Osceola County, overdose death rates for cocaine, fentanyl and methamphetamine increased by over 17.0%.

OVERDOSE DEATH RATES[46]

Per 100,000 Population	Lake County		Orange County		Osceola County		Seminole County	
	2019	2023	2019	2023	2019	2023	2019	2023
Benzodiazepine	9.8	2.0	13.4	8.4	8.5	5.2	8.5	2.1
Cocaine	7.4	2.4	19.0	11.0	11.7	13.7	9.3	3.1
Fentanyl	12.3	6.3	21.6	16.0	14.1	17.5	10.2	6.1
Heroin	3.0	0.2	4.2	0.4	4.8	1.2	5.1	ND
Methamphetamine	8.7	5.4	5.2	4.5	3.5	4.3	4.0	2.3
Opioids	22.1	7.8	34.7	21.3	24.8	20.6	17.4	7.3

2019-2023 Percent Change	Lake County	Orange County	Osceola County	Seminole County
Benzodiazepine	-79.6%	-37.3%	-38.8%	-75.3%
Cocaine	-67.6%	-42.1%	**+17.1%**	-66.7%
Fentanyl	-48.8%	-25.9%	**+24.1%**	-40.2%
Heroin	-93.3%	-90.5%	-75.0%	ND
Methamphetamine	-37.9%	-13.5%	**+22.9%**	-42.5%
Opioids	-64.7%	-38.6%	-16.9%	-58.0%

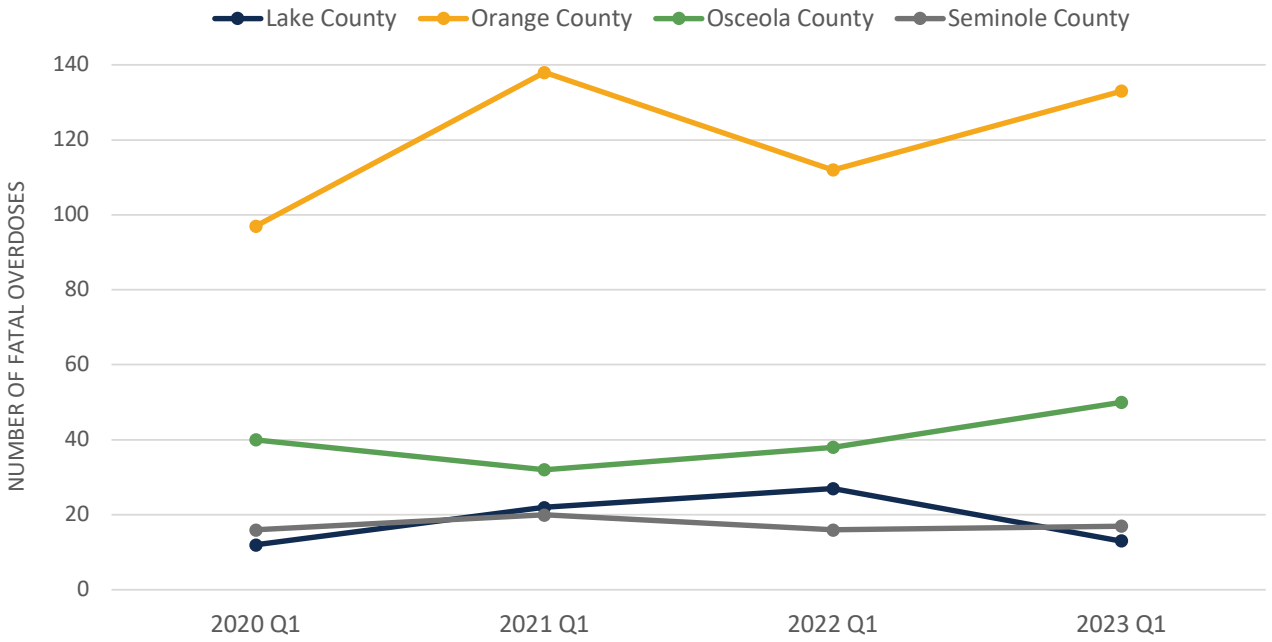
Source: University of Florida Health, Florida Drug-Related Outcomes Surveillance and Tracking System, Summary of Drug Occurences in Decedents



[46] *Heroin overdoses data is from 2022 due to lack of 2023 data.*

Orange and Osceola counties experienced a greater number of fatal overdoses (involving all substances) according to the first quarter of each year in 2023 compared to 2022.

TREND OF NUMBER OF FATAL OVERDOSES

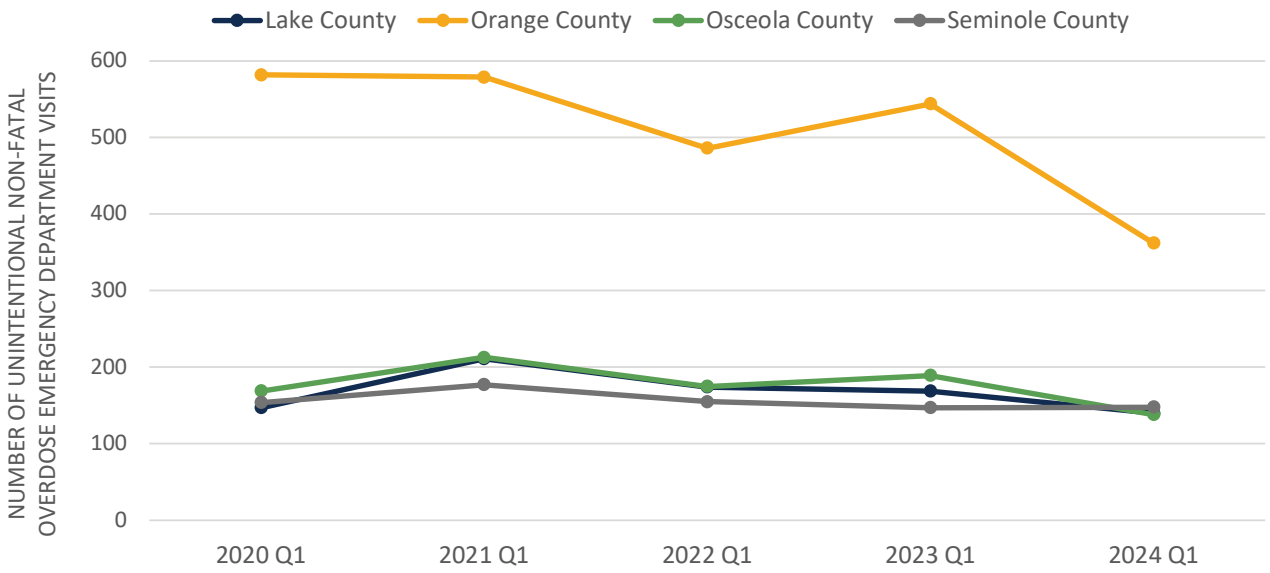


All Substances	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2023 Q1	1,779	→	13	→	133	←	50	←	17	←
2022 Q1	1,996	←	27	←	112	→	38	←	16	→
2021 Q1	1,893	←	22	←	138	←	32	→	20	←
2020 Q1	1,710	—	12	—	97	—	40	—	16	—

Source: Florida Department of Health Bureau of Community Health Assessment Division of Public Health Statistics and Performance Management Substance Use Dashboard

The number of unintentional, non-fatal overdose emergency department visits decreased from the first quarter of 2023 (January 1 to March 31) to the first quarter of 2024 in Florida's Lake, Orange and Osceola counties. Orange County experienced the largest decrease at 33.5%, followed by Osceola County with a 27.0% decrease.

TREND OF NUMBER OF UNINTENTIONAL NON-FATAL OVERDOSE EMERGENCY DEPARTMENT VISITS

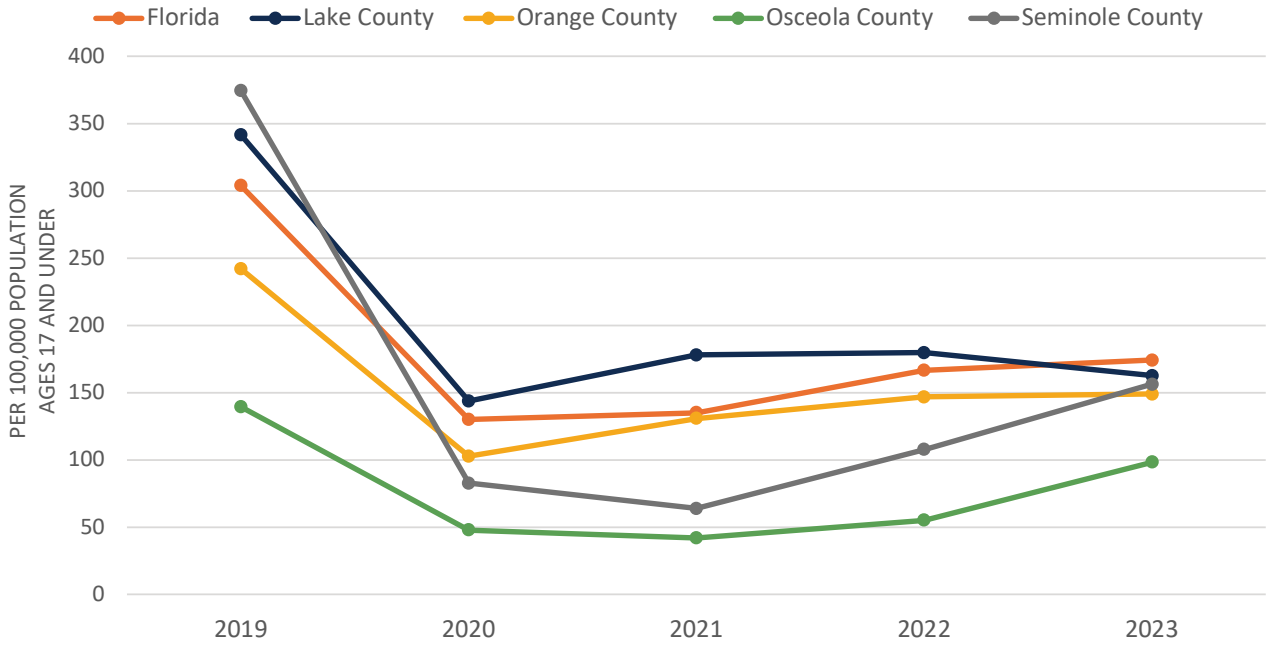


All Substances	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2024 Q1	6,921	→	140	→	362	→	138	→	148	←
2023 Q1	8,422	→	169	→	544	←	189	←	147	→
2022 Q1	10,027	←	174	→	486	→	175	→	155	→
2021 Q1	9,977	←	211	←	579	→	213	←	177	←
2020 Q1	9,458	—	147	—	582	—	169	—	154	—

Source: Florida Department of Health Bureau of Community Health Assessment Division of Public Health Statistics and Performance Management Substance Use Dashboard

Juvenile drug arrests are arrests of persons under 18 years of age attributed to possession or sale of illegal drugs. Since 2020, the rate of juvenile drug arrests have steadily increased for Florida as well as both Lake and Orange counties. Between 2021 and 2023, arrest rates have also increased in Osceola and Seminole counties.

TREND OF ANNUAL JUVENILE DRUG ARREST RATE



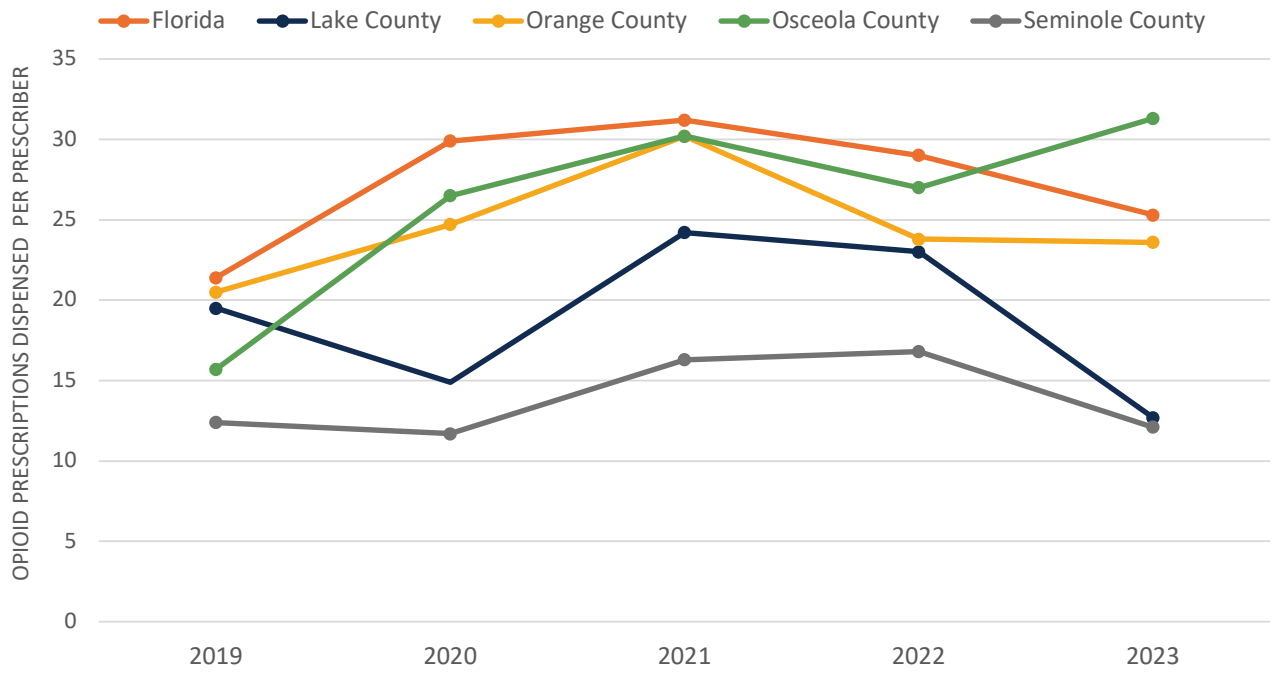
Per 100,000 Population Ages 17 and Under	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2023	174.0	←	162.5	→	148.8	←	98.3	←	156.1	←
2022	166.5	←	179.7	←	146.8	←	55.0	←	107.6	←
2021	135.0	←	177.9	←	130.8	←	41.9	→	63.9	→
2020	130.0	→	143.7	→	102.7	→	47.8	→	82.6	→
2019	303.8	—	341.6	—	242.0	—	139.4	—	374.5	—

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Law Enforcement

The Opioid Epidemic

Drug overdose deaths have declined in recent years. Florida's 2023 Medical Examiners Commission report shows a 7.0% drop in drug-related deaths and an 11.0% decrease in opioid-related deaths from 2022. Opioids and stimulants cause over 50.0% of deaths when present. The 2024 Statewide Drug Policy Advisory Council report highlights policy efforts, including the 2023 Prescription Drug Reform Act (SB 1550). Despite progress, the opioid crisis and emerging synthetic drugs remain a public health concern, requiring ongoing action.[47]

TREND OF OPIOID OVERDOSE DEATHS PER PRESCRIBER



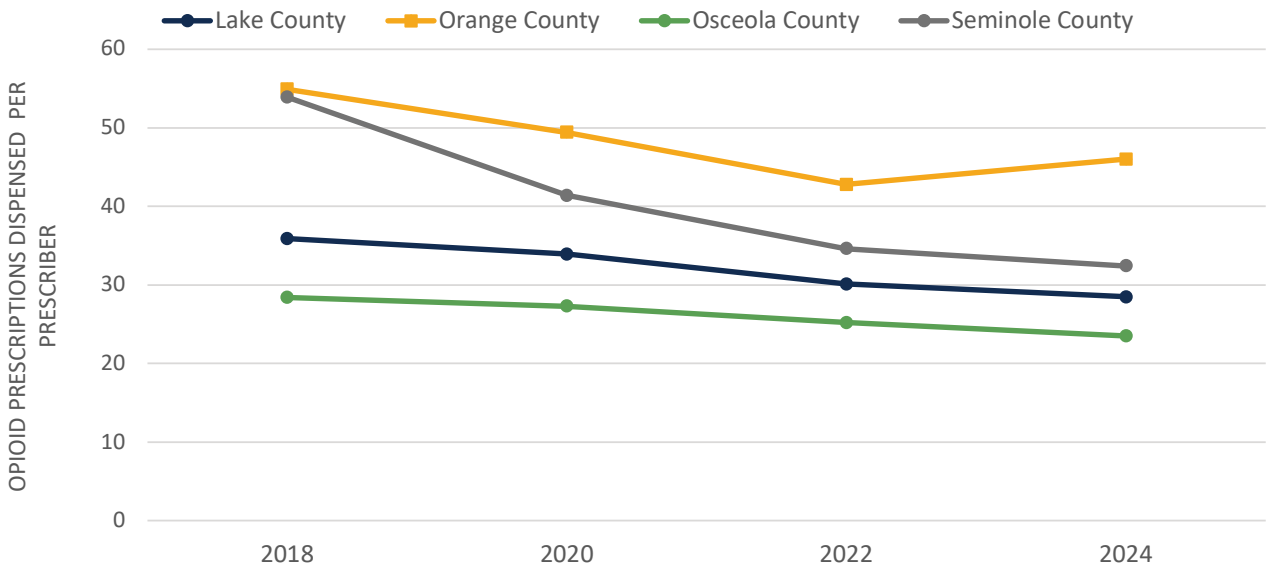
	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2023	25.3	→	12.7	→	23.6	→	31.3	←	12.1	→
2022	29.0	→	23.0	→	23.8	→	27.0	→	16.8	←
2021	31.2	←	24.2	←	30.2	←	30.2	←	16.3	←
2020	29.9	←	14.9	→	24.7	←	26.5	←	11.7	→
2019	21.4	—	19.5	—	20.5	—	15.7	—	12.4	—

Source: Florida Department of Health Bureau of Community Health Assessment Division of Public Health Statistics and Performance Management Substance Use Dashboard

[47] *Florida Department of Health, Florida Drug Overdose Surveillance and Epidemiology. https://www.floridahealth.gov/statistics-and-data/fl-dose/index.html*

Since 2018, the rate of opioid prescriptions dispensed per prescriber has generally declined across all counties, with the exception of a slight increase in Orange County between 2022 and 2024. The largest decrease during this period occurred in Seminole County (-39.9%), followed by Lake County (-20.6%).

TREND OF ANNUAL OPIOID PRESCRIPTIONS DISPENSED PER PRESCRIBER[48]



Per Prescriber	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2024	129.5	→	28.5	→	46.0	←	23.5	→	32.4	→
2022	130.4	→	30.1	→	42.8	→	25.2	→	34.6	→
2020	137.8	→	33.9	→	49.4	→	27.3	→	41.4	→
2018	155.9	—	35.9	—	54.9	—	28.4	—	53.9	—

Source: Florida Department of Health Bureau of Community Health Assessment Division of Public Health Statistics and Performance Management Substance Use Dashboard

[48] *Year-to-Date rates are provisional (data as of 3/7/2025) https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SubstanceUse.SubstanceUseandTreatment*

The demand for licensed mental health therapists has surged, especially since COVID-19, but the U.S. faces a critical shortage. Low reimbursement rates and inadequate pay deter providers, worsening access to care, particularly in rural areas. Limited transportation and provider availability further restrict treatment, leaving many without the mental health support they need.[49] Despite the behavioral healthcare workforce shortage, the rate of behavioral healthcare professionals in all counties increased between 2020 and 2022, as well as mental health counselors and clinical social workers.

RATE OF LICENSED BEHAVIORAL HEALTHCARE PROVIDERS

Per 100,000 Population	Florida			Lake County			Orange County		
	2020	2022	+/-	2020	2022	+/-	2020	2022	+/-
Behavioral or mental health professionals[50]	117.1	130.4	→	84.1	96.3	→	119.2	135.4	→
Mental health counselors	57.3	64.0	→	46.4	54.6	→	71.1	80.9	→
Psychologists	23.4	23.0	←	8.4	8.1	←	15.1	15.4	←
Clinical social workers	49.7	55.2	→	31.7	34.7	→	37.4	42.9	→

Per 100,000 Population	Osceola County			Seminole County		
	2020	2022	+/-	2020	2022	+/-
Behavioral or mental health professionals[51]	54.6	61.9	→	176.1	199.2	→
Mental health counselors	30.9	35.9	→	103.9	114.5	→
Psychologists	5.2	6.6	→	21.9	23.3	→
Clinical social workers	21.1	22.3	→	56.6	67.0	→

Source: Florida Department of Health Bureau of Community Health Assessment. Division of Public Health Statistics and Performance Management's Suicide and Behavioral Health Profile

In Lake County, the rate of adult psychiatric beds decreased by 41.7% between 2020 and 2022, the greatest decrease in the four-county region, followed by Osceola County (-8.8%).

RATE OF PSYCHIATRIC BEDS

Per 100,000 Population	Florida			Lake County			Orange County		
	2020	2022	+/-	2020	2022	+/-	2020	2022	+/-
Adult psychiatric beds	20.6	31.4	→	16.8	9.8	←	22.6	23.4	→
Child and adolescent psychiatric beds	3.0	3.1	→	0.0	0.0	=	6.8	4.6	←

Per 100,000 Population	Osceola County			Seminole County		
	2020	2022	+/-	2020	2022	+/-
Adult psychiatric beds	19.3	17.6	←	15.0	14.8	←
Child and adolescent psychiatric beds	0.0	0.0	=	1.7	1.6	←

Source: Florida Department of Health Bureau of Community Health Assessment. Division of Public Health Statistics and Performance Management's Suicide and Behavioral Health Profile

[49] *American Counseling Association. A closer look at the mental health provider shortage, 2023. https://www.counseling.org/publications/counseling – today – magazine/article – archive/article/legacy/a – closer – look – at – the – mental – health – provider – shortage#:~:text=An%20aging%20workforce:%20Many%20of,a%20shortage%20in%20the%20field.*

[50] *Includes marriage and family therapists, clinical social workers and mental health counselors with active licenses in Florida. Other behavioral healthcare professionals, such as psychologists or school psychologists, are not included in this measure.*

[51] *Includes marriage and family therapists, clinical social workers and mental health counselors with active licenses in Florida. Other behavioral healthcare professionals, such as psychologists or school psychologists, are not included in this measure.*

Neighborhood and Built Environment

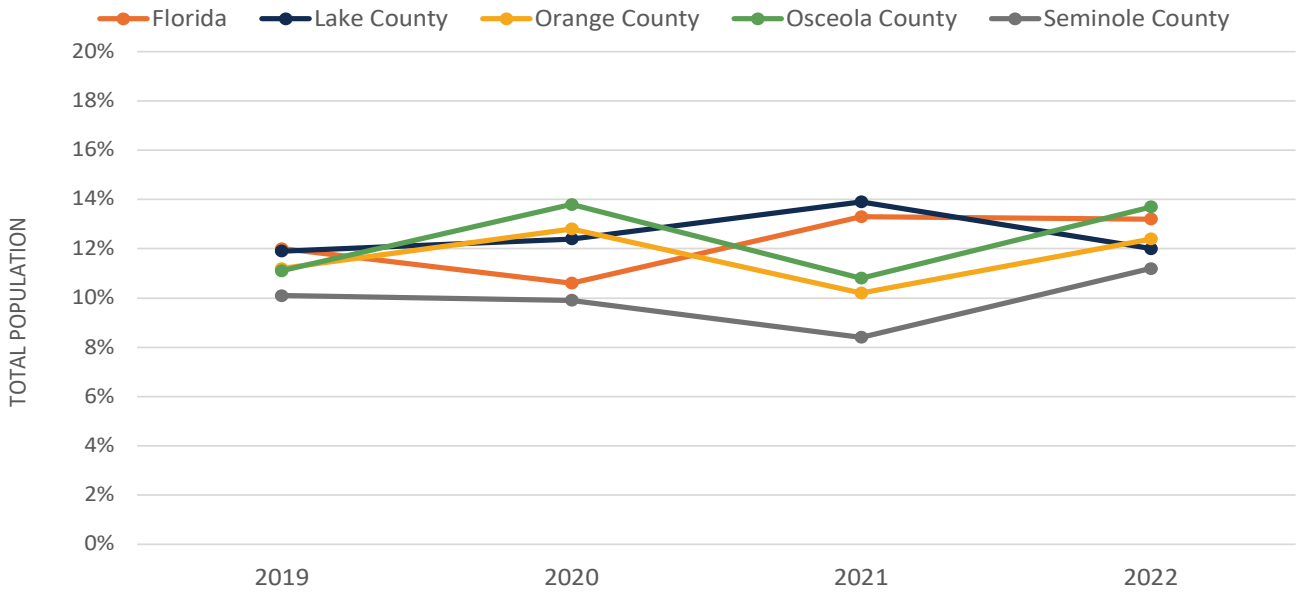
The neighborhoods people live in have a major impact on their health and well-being. The physical environment includes housing and transportation, parks and playground and the chances for recreational opportunities.[52]

Food Insecurity

Statewide, the food insecurity rate increased by nearly a quarter between 2021 and 2022, due to rising food prices and the end of COVID-19 assistance programs.[53] Compounding Florida's food insecurity crisis are severe economic challenges, including disaster relief, as hundreds of thousands of Floridians still suffer the impacts of the country's deadliest hurricane season in two decades.

Additionally, rents have surged by 12.0% in the past year, with 35.0% of renters spending more than half their income on housing and over half of Florida's jobs pay less than $15/hour, leaving families struggling to cover basic expenses. Low-income families spend nearly 20.0% of their household budgets on medical care, forcing trade-offs with food and other essentials.[54]

TREND OF FOOD INSECURITY



Source: Feeding America, Map the Meal Gap

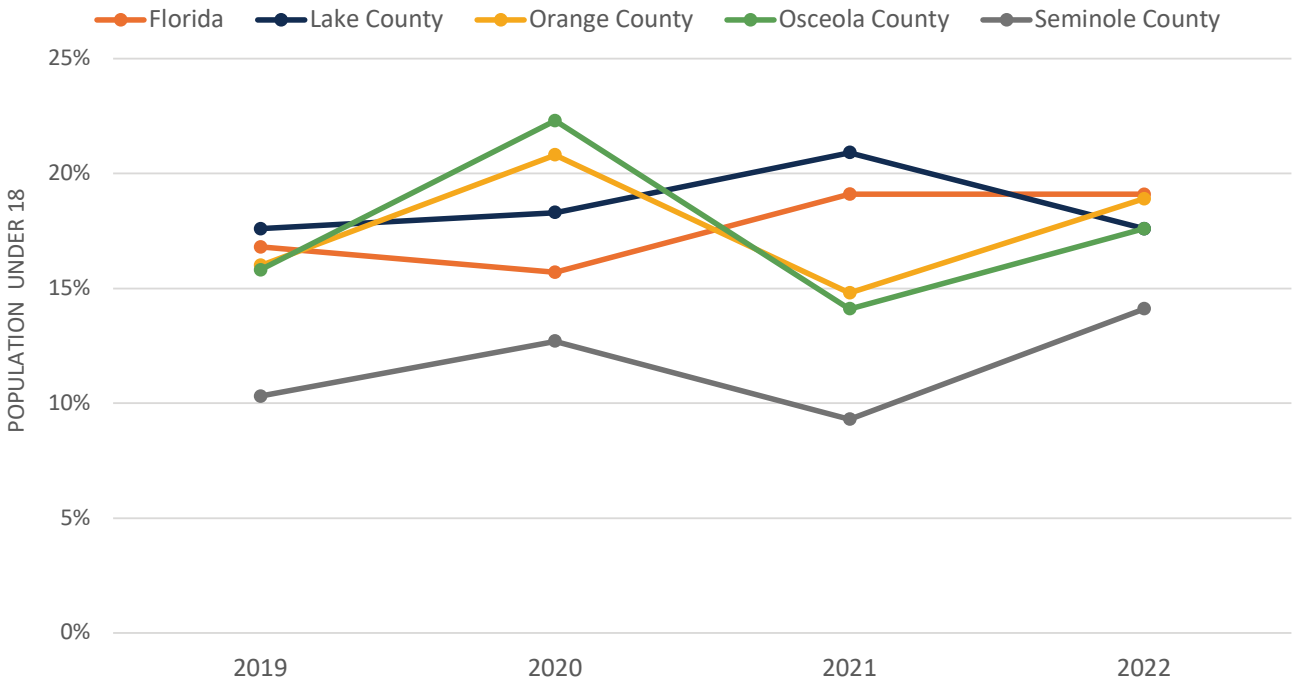
[52] *Kaiser Family Foundation. Beyond Healthcare: The Role of Social Determinants in Promoting Health & Health Equity, 2018. Link: https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/*

[53] *Second Harvest Food Bank of Central Florida, The Hunger Picture in Central Florida. https://www.feedhopenow.org/site/SPageServer/?NONCE_TOKEN=35213F957BCF6336886699F370BF0167&pagename=about_hunger*

[54] *UnidosUS. Advocacy Groups Urge Florida Legislature to Address State's Food Insecurity Crisis With $259 Million in Federal Summer EBT Funds, January 2025. https://unidosus.org/press – releases/advocacy – groups – urge – florida – legislature – to – address – states – food – insecurity – crisis – with – 259 – million – in – federal – summer – ebt – funds/#:~:text=During%20the%20COVID%2D19%20pandemic,were%20closed%20or%20operating%20remotely.*

As of 2022, child food insecurity affected nearly 18.0% of children in Osceola and Lake counties, with Lake County's rate remaining unchanged since 2019. In Orange County, approximately 19.0% of children were food insecure during the same year. In Seminole County, 14.0% of children are considered food insecure as of 2022, the highest annual rate since 2019.

TREND OF CHILD FOOD INSECURITY RATE



Source: Feeding America, Map the Meal Gap



FOOD INSECURITY BY AGE

	Florida							Lake County						
	2019	2020	+/-	2021	+/-	2022	+/-	2019	2020	+/-	2021	+/-	2022	+/-
Total Population	**12.0%**	**10.6%**	→	**13.3%**	←	**13.2%**	→	**11.9%**	**12.4%**	←	**13.9%**	←	**12.0%**	→
Children	16.8%	15.7%	→	19.1%	←	19.1%	=	17.6%	18.3%	←	20.9%	←	17.6%	→
50-59	ND[55]	ND	—	6.7%	—	9.0%	←	ND	ND	—	9.4%	—	11.9%	←
60 and Older	ND	ND	—	8.5%	—	10.0%	←	ND	ND	—	7.1%	—	8.7%	←

	Florida							Orange County						
	2019	2020	+/-	2021	+/-	2022	+/-	2019	2020	+/-	2021	+/-	2022	+/-
Total Population	**12.0%**	**10.6%**	→	**13.3%**	←	**13.2%**	→	**11.2%**	**12.8%**	←	**10.2%**	→	**12.4%**	←
Children	16.8%	15.7%	→	19.1%	←	19.1%	=	16.0%	20.8%	←	14.8%	→	18.9%	←
50-59	ND	ND	—	6.7%	—	9.0%	←	ND	ND	—	9.4%	—	11.9%	←
60 and Older	ND	ND	—	8.5%	—	10.0%	←	ND	ND	—	7.1%	—	8.7%	←

	Florida							Osceola County						
	2019	2020	+/-	2021	+/-	2022	+/-	2019	2020	+/-	2021	+/-	2022	+/-
Total Population	**12.0%**	**10.6%**	→	**13.3%**	←	**13.2%**	→	**11.1%**	**13.8%**	←	**10.8%**	→	**13.7%**	←
Children	16.8%	15.7%	→	19.1%	←	19.1%	=	15.8%	22.3%	←	14.1%	→	17.6%	←
50-59	ND	ND	—	6.7%	—	9.0%	←	ND	ND	—	ND	—	11.9%	—
60 and Older	ND	ND	—	8.5%	—	10.0%	←	ND	ND	—	ND	—	ND	—

	Florida							Seminole County						
	2019	2020	+/-	2021	+/-	2022	+/-	2019	2020	+/-	2021	+/-	2022	+/-
Total Population	**12.0%**	**10.6%**	→	**13.3%**	←	**13.2%**	→	**10.1%**	**9.9%**	→	**8.4%**	→	**11.2%**	←
Children	16.8%	15.7%	→	19.1%	←	19.1%	=	13.0%	12.7%	←	9.3%	→	14.1%	←
50-59	ND	ND	—	6.7%	—	9.0%	←	ND	ND	—	ND	—	11.9%	—
60 and Older	ND	ND	—	8.5%	—	10.0%	←	ND	ND	—	ND	—	ND	—

Source: Feeding America, Map the Meal Gap

[55] *ND = No data available.*

To align with the national standards, the USDA defines a food desert as a census tract that meets both of the following criteria:[56]

- Low-income: a poverty rate of 20.0% or greater, or a median family income at or below 80.0% of the statewide or metropolitan area median family income.
- Low access: at least 500 people and/or at least 33.0% of the population lives more than 1 mile from a supermarket or large grocery store (10 miles, in the case of rural census tracts).

The data below reflects the percentage of census tracts where 33.0% or more of the population is considered to have low access.

FOOD DESERTS

	Lake County	Orange County	Osceola County	Seminole County
Number of census tracts	34	73	22	29
Percentage of census tracts	28.8%	35.3%	24.7%	20.9%

Source: USDA, Food Access Research Atlas

- Approximately 29.0% of Lake County is considered a food desert by census tract (34 out of 118 census tracts).
- Orange County has the highest percentage of food deserts by census tracts (73 out of 207 census tracts).
- Nearly a quarter of census tracts in Osceola are considered food deserts (22 out of 89 census tracts).
- One in five census tracts in Seminole County are considered food deserts (29 out of 139 census tracts).



[56] *USDA, Mapping Food Deserts in the United States. https://www.ers.usda.gov/amber-waves/2011/december/data-feature-mapping-food-deserts-in-the-u-s*

Housing

Across Florida, there is a shortage of affordable rental homes and homes that are available to extremely low-income households (ELI), whose incomes are at or below the poverty guideline or 30.0% of their area median income (AMI). Many of these households are severely cost-burdened, spending more than half of their income on housing. Severely cost-burdened poor households are more likely than other renters to sacrifice other necessities like healthy food and healthcare to pay the rent and to experience unstable housing situations like evictions.[57]

FAIR MARKET RENT[58]

	Lake County	Orange County	Osceola County	Seminole County
1 Bedroom	$1,638	$1,638	$1,638	$1,638
2 Bedrooms	$1,857	$1,857	$1,857	$1,857
3 Bedrooms	$2,362	$2,362	$2,362	$2,362
4 Bedrooms	$2,849	$2,849	$2,849	$2,849
5 Bedrooms	$3,276	$3,276	$3,276	$3,276
6 Bedrooms	$3,704	$3,704	$3,704	$3,704

Source: U.S. Department of Housing and Urban Development HOME Rent and Income Limits, 2024

To afford a 2-bedroom home at Fair Market Rent in any of the four counties, an individual would need to make at least $35.71 per hour, while the hourly minimum wage in Florida is just $13.00. At minimum wage, an individual would need at least 3 full-time jobs.

NATIONAL LOW-INCOME HOUSING COALITION: HOUSING COSTS

	Florida	Lake County	Orange County	Osceola County	Seminole County
Hourly wage necessary to afford a 2-bedroom Fair Market Rate	$35.24	$35.71	$35.71	$35.71	$35.71
Annual income needs to afford a 2-bedroom at Fair Market Rate	$73,308	$74,280	$74,280	$74,280	$74,280
Full-time jobs at minimum wage to afford a 2-bedroom at Fair Market Rate	2.9	3.0	3.0	3.0	3.0

Source: National Low Income Housing Coalition. Florida Out of Reach Report, 2024

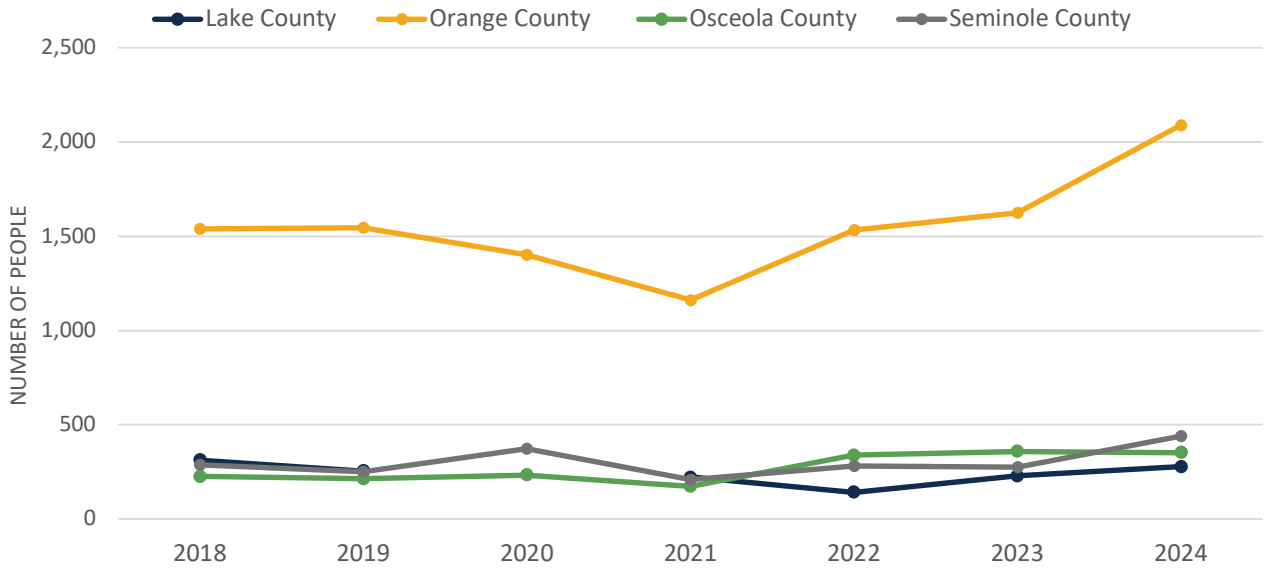
[57] *National Low Income Housing Coalition, Florida https://nlihc.org/housing – needs – by – state/florida*

[58] *Fair Market Rents represent the 40th percentile Gross Rental Housing Costs for a given area, including the contract cost of rent as well as utilities. Fair Market Rents (FMRs) are used to determine payment standard amounts for the Housing Choice Voucher program, to determine initial renewal rents for some expiring project – based Section 8 contracts, to determine initial rents for housing assistance payment (HAP) contracts in the Moderate Rehabilitation Single Room Occupancy program (Mod Rehab), rent ceilings for rental units in both the HOME Investment Partnerships program and the Emergency Solution Grants program, calculation of maximum award amounts for Continuum of Care recipients and the maximum amount of rent a recipient may pay for property leased with Continuum of Care funds, and calculation of flat rents in Public Housing units.*

In 2024, Florida ranked fourth in the nation for the number of homeless individuals, with recent counts indicating tens of thousands without a permanent residence. The state's warm climate makes it a common destination for the homeless, but this also means the issue is more visible and pressing here than in colder regions.

The annual point-in-time count, which aims to gather a fairly accurate number of people experiencing unsheltered homelessness at a given point in time in a region, shows that between 2020 and 2024, the number of people experiencing homelessness increased by approximately 50.0% in Orange and Osceola County.

TREND OF ANNUAL POINT-IN-TIME COUNTS



	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2024	31,462	←	277	←	2,090	←	353	→	440	←
2023	30,756	←	228	←	1,626	←	358	←	274	→
2022	25,959	←	141	→	1,532	←	339	←	280	←
2021[59]	21,141	→	223	—	1,162	→	173	→	209	→
2020	27,679	→	ND	—	1,401	→	234	←	372	←
2019	28,590	→	254	→	1,544	←	214	→	252	→
2018	29,717	—	312	—	1,539	—	226	—	288	—

Source: Florida's Council on Homelessness 2024 Annual Report

[59] *The 2021 Point in Time Count numbers are not comparable to the previous or current years' counts. Typically, CoCs conduct a PIT Count of both sheltered and unsheltered households. In 2021, due to COVID – 19 related safety concerns, only six of the 27 CoCs conducted such a count; 10 CoCs did not conduct an unsheltered count; and others conducted a modified form of the unsheltered count. All CoCs conducted a sheltered PIT count. For those that did not conduct an unsheltered count, the CoCs reported zero unsheltered persons, resulting in an undercount of homelessness.*

Students experiencing homelessness face unique barriers beyond poverty, such as frequent school transfers, lack of transportation, lack of a fixed address for enrollment and the stigma and fear of homelessness. Homelessness disrupts the lives of children and youth in rural, suburban and urban communities, but is more hidden in rural and suburban communities. Schools are often the only source of support for homeless students in rural and suburban areas.[60] Between the 2021-2022 school year and the 2022-2023 school year,

- Over 25 more students were considered homeless in Lake County.
- Over 800 more students were considered homeless in Osceola County.
- Over 2,300 more students were considered homeless in Orange County.
- Over 750 more students were considered homeless in Seminole County.

DEPARTMENT OF EDUCATION HOMELESS STUDENT COUNT

School Year	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2022-2023	94,902	←	1,722	←	7,898	←	3,777	←	2,686	←
2021-2022	78,277	—	1,692	—	5,556	—	2,943	—	1,934	—

Source: Florida's Council on Homelessness 2022 and 2024 Annual Report



[60] *SchoolHouse Connection, 2025 Fact Sheet: Educating Children and Youth Experiencing Homelessness. https://schoolhouseconnection.org/article/2025 – fact – sheet – educating – children – and – youth – experiencing – homelessness*

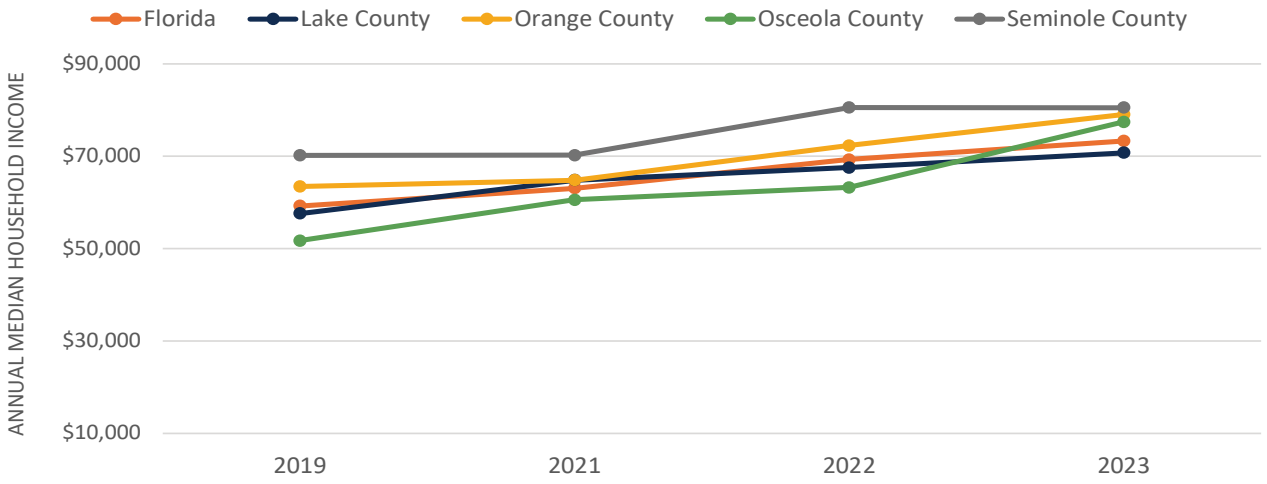
Economic Stability

People living in poverty are less likely to have access to healthcare, healthy food, stable housing and opportunities for physical activity. Research suggests that low-income status is associated with adverse health consequences, including shorter life expectancy, higher infant mortality rates and other poor health outcomes.[61]

Employment and Income

Multiple aspects of employment, including job security, the work environment, financial compensation and job demands may affect health. This summary describes how several of these aspects of employment influence health. Educational attainment is also linked to disparities in employment because it affects the type of work people do, the working conditions they experience and the income they earn.[62] One-year estimates from the U.S. Census Bureau American Community Survey indicate a gradual increase in the annual median household income for all counties.

TREND OF ANNUAL MEDIAN HOUSEHOLD INCOME[63]



	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2023	$73,311	→	$70,730	→	$79,053	→	$77,466	→	$80,547	←
2022	$69,303	→	$67,559	→	$72,324	→	$63,271	→	$80,550	→
2021	$63,062	→	$64,795	→	$64,833	→	$60,585	→	$70,236	→
2019	$59,227	—	$57,588	—	$63,461	—	$51,760	—	$70,190	—

Source: U.S. Census Bureau American Community Survey One-year Estimates

[61] *American Academy Of Family Physicians, Poverty & Health. The Family Medicine Perspective, April 2021. http://www.aafp.org/about/policies/all/poverty-health.html*

[62] *Healthy People 2030. https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/employment*

[63] *The U.S. Census Bureau did not release its standard one–year estimates from the 2020 ACS because of the impacts of the COVID–19 pandemic on data collection. https://www.census.gov/programs – surveys/acs/technical – documentation/table – and – geography – changes/2020/1 – year.html*

MEDIAN HOUSEHOLD INCOME, PERCENT CHANGE

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
2023	$78,538	$71,711	$69,956	$77,011	$68,711	$83,030
2010	$52,762	$47,827	$50,009	$55,425	$49,017	$64,019
Percent Change	**+48.9%**	**+49.9%**	**+39.9%**	**+38.9%**	**+40.2%**	**+29.7%**

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Poverty

In Florida, poverty is significantly linked to poor health outcomes, impacting environmental exposures, health-related behaviors and increasing the risk of chronic disease and mortality, particularly for women and children. Research highlights the strong link between income and health. Economic barriers limit healthcare access and contribute to lower life expectancy. Higher socioeconomic status improves survival rates for diseases like breast cancer due to better access to screening and treatment. In contrast, low-income communities face higher rates of disabilities and health issues.[64]

The term "population living in poverty" refers to the population living 100.0% below the Federal Poverty Level (FPL). Orange County has the highest poverty rate according to the latest five-year estimates from the U.S. Census Bureau American Community Survey. The percentage of people living in poverty in both Lake and Seminole counties is lower compared to the state (9.5%, 9.2% compared to 12.6%).

POPULATION LIVING IN POVERTY[65]

United States	Florida	Lake County	Orange County	Osceola County	Seminole County
12.4%	12.6%	9.5%	13.0%	12.5%	9.2%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

HOUSEHOLDS LIVING BELOW THE POVERTY LEVEL

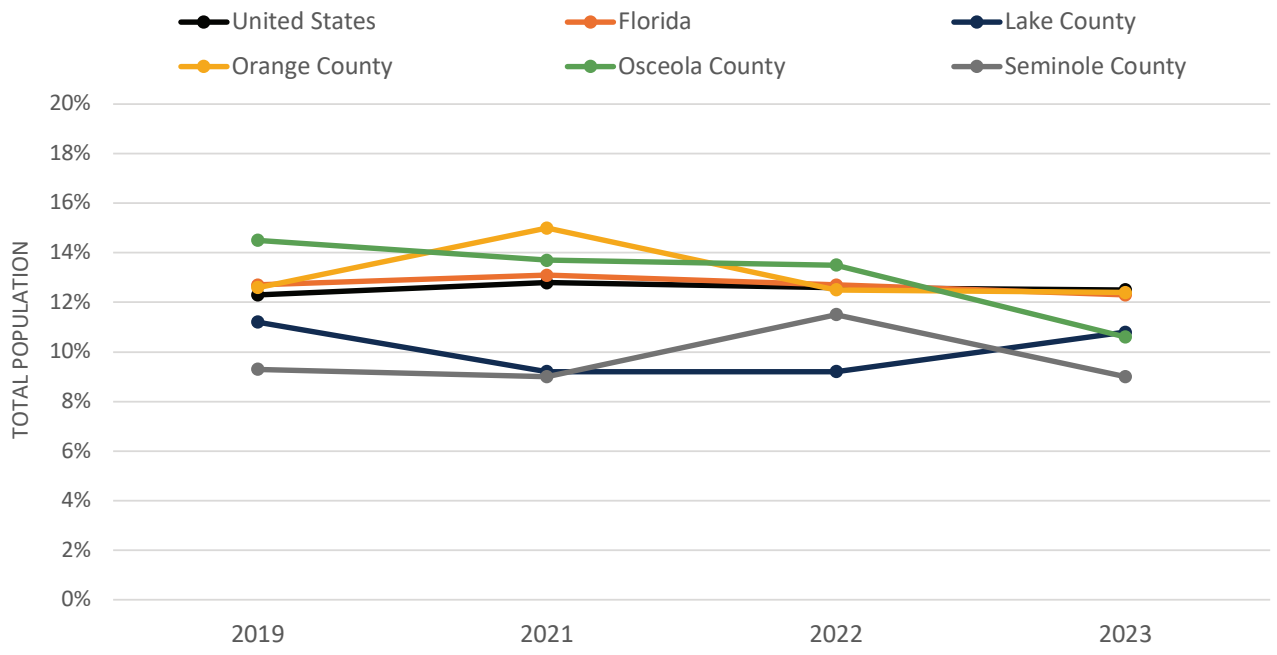
	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
2023	12.5%	12.6%	10.0%	12.8%	12.5%	9.1%
2010	13.1%	13.0%	10.0%	13.3%	13.6%	8.4%
Percent Change	**-5.2%**	**-3.0%**	**+0.0%**	**-3.7%**	**-8.1%**	**+8.3%**

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

[64] *International Journal of Community Well-Being, Income and Health Perceptions in an Economically Disadvantaged Community: A Qualitative Case Study from Central Florida (2022). https://link.springer.com/article/10.1007/s42413-022-00177-3*

[65] *The percentage of people in poverty are persons with income in the past 12 months below the federal poverty level. https://www.census.gov/programs – surveys/acs*

TREND OF POPULATION LIVING IN POVERTY[66]



	United States	+/-	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2023	12.5%	→	12.3%	→	10.8%	←	12.4%	→	10.6%	→	9.0%	→
2022	12.6%	→	12.7%	→	9.2%	=	12.5%	→	13.5%	→	11.5%	←
2021	12.8%	←	13.1%	←	9.2%	→	15.0%	←	13.7%	→	9.0%	→
2019	12.3%	—	12.7%	—	11.2%	—	12.6%	—	14.5%	—	9.3%	—

Source: U.S. Census Bureau American Community Survey One-year Estimates



[66] *The U.S. Census Bureau did not release its standard 1 – year estimates from the 2020 American Community Survey (ACS) because of the impacts of the COVID – 19 pandemic on data collection. https://www.census.gov/programs – surveys/acs/technical – documentation/user – notes/2021 – 02.html#:~:text=The%20U.S.%20Census%20Bureau%20did,2020%20ACS%201%2Dyear%20data*

Education Access and Quality

Education is not only about the schools or higher education opportunities within a community, but also includes languages spoken, literacy, vocational training and early childhood education.[67] Some children live in places with poorly performing schools and the stress of living in poverty can affect children's brain development, making it harder for them to do well in school.[68]

Five percent of the population aged 25 and older in Osceola County has less than a 9th grade education. In Lake and Osceola counties, 6.3% do not have a high school diploma. Seminole County has the highest percentage of the population aged 25 and older who has a graduate degree.

EDUCATIONAL ATTAINMENT

Population Age 25 and Older	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
Less than 9th Grade	4.7%	4.3%	2.8%	4.4%	5.1%	2.1%
9th to 12th Grade, No Diploma	5.9%	6.1%	6.3%	5.7%	6.3%	4.0%
High School Degree	26.2%	27.4%	30.9%	23.8%	28.4%	21.2%
Some College No Degree	19.4%	18.9%	21.8%	16.8%	20.6%	18.9%
Associate's Degree	8.8%	10.1%	11.4%	10.9%	11.3%	11.5%
Bachelor's Degree	21.3%	20.7%	17.2%	24.5%	19.6%	27.7%
Graduate Degree	13.7%	12.5%	9.6%	13.9%	8.7%	14.6%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

With the exception of Lake County, the high school graduation rate decreased for Florida, Orange, Osceola and Seminole counties, predominantly in Orange County (-5.5%).

HIGH SCHOOL GRADUATION RATE[69]

School Year	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2022-2023	88.0%	←	89.8%	←	89.1%	←	84.8%	←	91.7%	←
2020-2021	90.1%	→	90.6%	→	90.4%	→	89.7%	→	95.5%	→
2018-2019	86.9%	—	86.8%	—	88.4%	—	90.0%	—	92.8%	—

Source: Florida Department of Education

[67] *Kaiser Family Foundation. Beyond Healthcare: The Role of Social Determinants in Promoting Health & Health Equity, 2018. https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/*

[68] *Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/education-access-and-quality*

[69] *The percentage of students who graduated with a standard diploma within four years of their initial enrollment in ninth grade.*

Social and Community Context

People's relationships and interactions with family, friends, co-workers and community members can have a major impact on their health and well-being. Many people face challenges and dangers they can't control — like unsafe neighborhoods, discrimination or trouble affording the things they need. This can have a negative impact on health and safety throughout life.[70]

Violent Crime

Any person can be affected by crime and violence either by experiencing it directly or indirectly, such as witnessing violence or property crimes in their community or hearing about crime and violence from other residents. Exposure to violence can also lead to poor health outcomes. For example, women exposed to intimate partner violence have an increased risk of physical health issues such as injuries and mental disorders such as disordered eating, depression and suicidal ideation. Addressing exposure to crime and violence as a public health issue may help prevent and reduce the harms to individual and community health and well-being.[71]

The violent crime rate, which includes murder, rape, robbery and aggravated assault, declined in all four counties between 2020 and 2022.

TREND OF VIOLENT CRIME RATE

Per 100,000 Population	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2022	150.6	→	109.7	→	205.5	→	145.0	→	98.9	→
2020	152.0	→	118.2	→	215.4	→	192.7	←	102.8	→
2018	163.3	—	134.9	—	222.6	—	186.7	—	138.3	—

Source Florida Department of Health, Division of Public Health Statistics and Performance Management and Florida Department of Law Enforcement

[70] *U.S. Department of Health and Human Services. Healthy People 2030. https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/social-and-community-context*

[71] *Healthy People 2030. https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/crime-and-violence*

VIOLENT CRIME RATE BY TYPE

Per 100,000 Population	Florida			Lake County			Orange County		
	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-
Violent crime rate	**163.6**	**150.4**	→	**132.9**	**113.0**	→	**222.3**	**206.8**	→
Murder	8.8	10.0	←	6.0	6.3	←	13.5	14.6	←
Rape	11.6	10.1	→	9.9	10.8	←	14.0	12.3	→
Robbery	34.7	27.3	→	22.5	12.9	→	47.6	38.5	→
Aggravated assault	108.5	103.1	→	94.5	83.0	→	147.3	141.6	→
Forcible gender offenses[72]	11.6	10.1	→	9.9	10.8	←	14.0	12.3	→
Domestic violence offenses	317.1	300.9	→	333.9	327.3	→	402.3	396.8	→

Per 100,000 Population	Florida			Osceola County			Seminole County		
	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-
Violent crime rate	**163.6**	**150.4**	→	**194.6**	**172.8**	→	**131.8**	**98.3**	→
Murder	8.8	10.0	←	11.9	12.1	←	7.0	5.5	→
Rape	11.6	10.1	→	22.5	15.0	→	8.1	5.4	→
Robbery	34.7	27.3	→	31.7	32.0	→	24.3	14.0	→
Aggravated assault	108.5	103.1	→	103.1	113.8	←	92.4	73.4	→
Forcible gender offenses	11.6	10.1	→	22.5	15.0	→	8.1	5.4	→
Domestic violence offenses	317.1	300.9	→	519.6	490.5	→	438.1	406.5	→

Source Florida Department of Health, Division of Public Health Statistics and Performance Management and Florida Department of Law Enforcement

[72] *Any sexual act or attempt involving force is classified as a forcible sex offense regardless of the age of the victim or the relationship of the victim to the offender. https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalIndNoGrp.Dataviewer*

Theft-related crime has steadily decreased in all counties between the data collection periods in the data below.

THEFT-RELATED CRIME RATE

Per 100,000 Population	Florida			Lake County			Orange County		
	2017-2019	2021-2023	+/-	2017-2019	2021-2023	+/-	2017-2019	2021-2023	+/-
Larceny	301.7	191.2	→	312.2	173.2	→	315.8	188.4	→
Burglary	125.1	94.3	→	116.4	70.6	→	157.3	102.5	→
Motor Vehicle Theft	54.8	46.9	→	48.6	34.0	→	71.0	62.7	→
Robbery	34.9	27.3	→	22.5	12.1	→	47.7	39.4	→

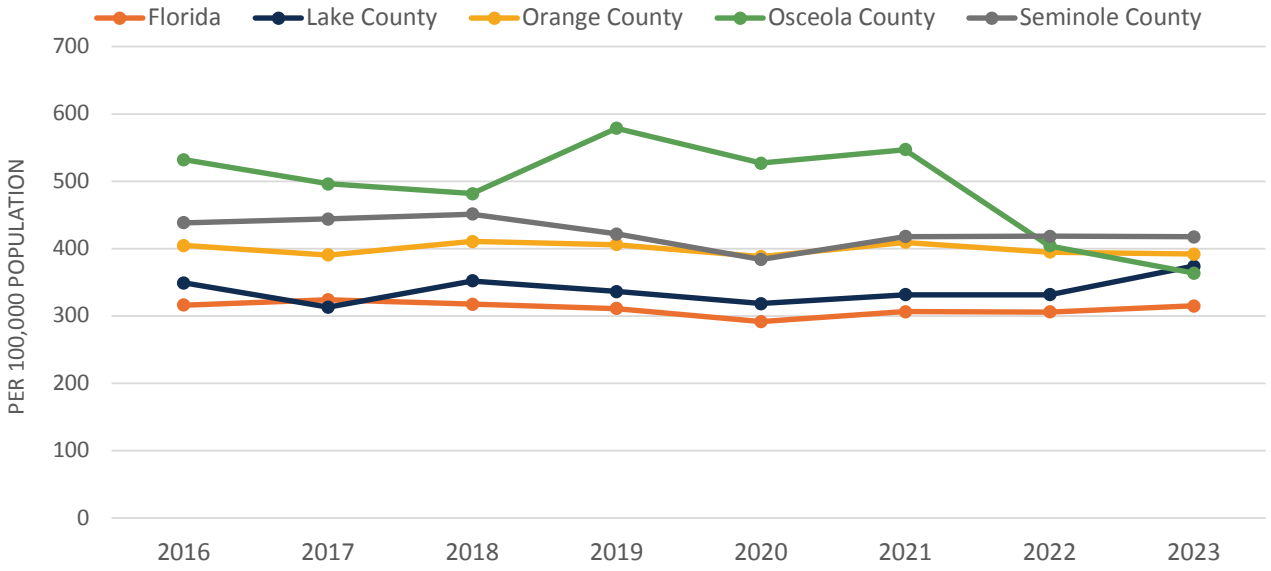
Per 100,000 Population	Florida			Osceola County			Seminole County		
	2017-2019	2021-2023	+/-	2017-2019	2021-2023	+/-	2017-2019	2021-2023	+/-
Larceny	301.7	191.2	→	315.7	220.0	→	329.7	177.5	→
Burglary	125.1	94.3	→	129.2	83.3	→	91.6	64.0	→
Motor Vehicle Theft	54.8	46.9	→	41.5	33.1	→	33.7	22.5	→
Robbery	34.9	27.3	→	31.7	27.0	→	24.3	15.5	→

Source Florida Department of Health, Division of Public Health Statistics and Performance Management and Florida Department of Law Enforcement

- **Larceny** is unlawfully taking, carrying or riding away with another person's property. Examples of larceny include pocket picking, purse snatching, shoplifting and stealing from vehicles.
- **Burglary** is unlawful entry into a building or other structure with the intent to commit a felony or theft. For crime reporting purposes, if there is apparent unlawful entry but the offender did not complete the act, it is still reported as a burglary.
- **Theft of a motor vehicle** includes cars, buses, recreational vehicles, trucks or other motorized vehicle that runs on land and carries people or cargo. Theft of boats, trailers, bicycles, non-motorized scooters and the like is reported as larceny. Joy riding is classified as a motor vehicle theft with the vehicle being reflected as stolen.
- **Robbery** is defined as taking the property of another with the intent to permanently deprive the person of that property by means of force or fear. Robbery differs from larceny in that it uses force or threat of force against the custodian of the property.

Domestic violence is any criminal homicide, manslaughter, rape (includes forcible sodomy), fondling, aggravated assault, aggravated stalking, simple assault, threat/intimidation or simple stalking of one family or household member by another family or household member. A family or household member means spouses, former spouses, parents, children, siblings, other family members, cohabitants and parents of a child in common regardless of whether they have been married.[73]

TREND OF DOMESTIC VIOLENCE OFFENSES



Per 100,000 Population	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2023	314.9	←	374.0	←	391.6	→	363.6	→	417.3	→
2022	305.8	→	331.4	→	394.6	→	404.2	→	418.4	←
2021	306.4	←	331.5	←	409.2	←	546.7	←	417.7	←
2020	291.6	→	318.3	→	388.1	→	526.6	→	383.8	→
2019	311.0	→	336.2	→	406.0	→	578.6	←	421.8	→
2018	317.2	→	352.0	←	410.7	←	481.7	→	451.0	←
2017	324.0	←	313.0	→	390.6	→	496.1	→	443.7	←
2016	316.3	—	349.2	—	404.4	—	532.0	—	438.2	—

Source Florida Department of Health, Division of Public Health Statistics and Performance Management and Florida Department of Law Enforcement

Additional secondary data tables and graphics are in Appendix A.

[73] *Florida Department of Health, Division of Public Health Statistics and Performance Management and Florida Department of Law Enforcement. https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalIndNoGrp.Dataviewer&cid=0312&drpCounty=2*



Qualitative

CHAPTER 4

Primary Qualitative Research



Primary Qualitative Research

The qualitative research efforts sought to better understand the needs of the community and how these needs impact health and well-being. Qualitative activities included both one-on-one stakeholder interviews and focus groups. Stakeholder interviews were conducted with individuals who work closely with populations that may have unique or significant health needs. Focus groups were conducted with individuals living and receiving services in the community. Stakeholder interviews were conducted virtually and focus groups were held virtually, in-person or hybrid.

Both interviews and focus groups followed a similar question format that centered the conversation on the strengths, resources, gaps and barriers present in the community and their impact on residents' well-being. The one-on-one stakeholder interviews provided an opportunity for in-depth discussions on the community's health. Focus groups allowed participants to provide their first-hand experience and to identify areas of consensus and discordance with other community members. The qualitative data was analyzed to extrapolate the community's Strengths, Themes and Needs.

Strengths can serve as resources to address the needs identified.

Themes are conceptual considerations that provide context so that needs can be addressed in a way that is responsive to the community's culture and identity.

Needs are actionable areas that participants highlighted as the most pressing challenges, barriers and concerns they face in their community.

These three concepts are intertwined and must be considered holistically to better understand and utilize the data collected to make positive changes. Quotes from participants have been selected to represent the strengths, themes and needs identified throughout the data. When applicable, regional differences in needs, themes and strengths are noted.

Strengths and Needs by Social Driver of Health

Social Driver of Health	Key Strengths	Key Themes and Needs
Healthcare Access and Quality	- Community-based organizations provide resources that improve access to healthcare and behavioral healthcare	- Providers and organizations often lack communication, leading to disjointed care - Significant wait times delay care and increase the burden on emergency health services - Stigma-free, culturally competent care is needed to reduce barriers to seeking care - Chronic underfunding of mental healthcare resources limits the availability of care - Mental health is a growing need and requires more resources in the community - Substance use prevention, specifically for youth, is needed - Insurance status and type create obstacles to finding timely, quality care - There are not enough providers for the growing population - Navigating the healthcare system is a challenge for older adults and those who are unfamiliar with the U.S. healthcare system
Social and Community Context	- It is a collaborative community that is motivated to work together to enact change	- Establishing trust between community members and providers is needed to encourage health-promoting behaviors; understanding culture and language is pivotal for building trust - There is a lack of awareness regarding health and social resources in one's area - Connecting with medically underserved populations is needed to overcome internalized stigma and encourage utilization of services

Social Driver of Health	Key Strengths	Key Themes and Needs
Economic Stability	- Local organizations focus on providing resources for low-income individuals and families	- An increasing cost of living is causing financial stress among community members and forcing individuals to choose between paying for medical care, housing and food - Local housing options are unaffordable to many community members - Housing insecurity in the area impacts the ability to maintain employment and access to healthcare - Cost of childcare impedes access to employment for parents
Neighborhood and Built Environment	- The outdoor recreational opportunities in the area provide opportunities for physical activity - Green spaces are valued in the community	- Inadequate transportation is a barrier to health and resource access - Local infrastructure cannot support the growing population in the area - Rural areas identified a need for public transportation options - Urban areas identified a need for more walkability and pedestrian safety

Regional Qualitative Analysis

Strengths

Stakeholders and focus group participants in Central Florida emphasized that there is a strong sense of community, that organizations are dedicated to the residents they serve and that community members have adapted to providing culturally appropriate services to meet the changing demographics of the area. While these are noted as strengths, community members shared that there is still room for improvement in these areas.

Collaboration

Stakeholders discussed the collaborative nature of organizations and community members and the resulting collaborations that have increased Central Florida's resiliency. Evidence indicates that strong collaboration across community members and organizations is a distinguishing factor that impacts the success of interventions leading to sustained improved health outcomes."[75] Participants shared how they see collaboration benefiting their community:

> "I love the community. Our coalition work is growing and responding to tragedies, like Hurricane Maria. Central Florida now is able to respond, even if federal response is missing."
> —Stakeholder Interview Participant

- "We are a very collaborative community with a lot of shared goals and we work with a lot of non-profits. There's an open, positive spirit." —Stakeholder Interview Participant
- "As community leaders, we are united and we are all concerned and we are all on the same page as far as advocating for mental health and everything else that is a need of the community. I think that's one of our strengths." —Focus Group Participant
- "Community is key. The Orlando mental health community is the strongest organization I've worked with. [Local health systems] are all willing to be at the same table and are all willing to work together. Another strength is law enforcement, specifically around mental health and community wellness is really important. We'll bring people to the table who have completely different views to talk over problems and this helps us meet the needs of the organization." —Stakeholder Interview Participant

[75] *Using collaborative coalition processes to advance community health, well – being, and equity: A multiple case study analysis from a national community transformation initiative – PMC*

Community Organizations and Resources

While stakeholders and focus group participants acknowledged the need for more resources in the community, they also recognized the impactful work that organizations are currently engaging in. The organizations in Central Florida play a crucial role in addressing differences in access to healthcare and enhancing access to resources. A strong community contributes to collective resilience, social networks and shared values that bind community members together. The medical community and community-based organizations were commended for being at the forefront of addressing community challenges as well as for providing excellent care in different settings:

- "Orange County and I would even say Osceola County - they do seem to have a lot of resources available in the past few years. Again, a lot of people have been reaching out and making this a big focus. The local mental health organization provides free services as well. So, there are a lot of organizations out there that do provide support. Is there enough? Not necessarily, but also not everybody is taking advantage of it just because of the greater societal issues, labels around it." —Stakeholder Interview Participant
- "Seminole County has a lot of people raising children. There are good services for them and good stuff for them to do. It makes it easier to be healthy."
  —Stakeholder Interview Participant
- *When discussing Lake County: "*We have a lot of doctor's offices, medical complexes, day surgery units, that sort of thing. So, the resources are there, right? It's just being able to get people to have access to it. In addition to that, there are community clinics throughout the county. We meet on a quarterly basis to talk about the representatives from those and I had the honor of sitting on that group to assist with that. There are resources but there are barriers." —Stakeholder Interview Participant



Themes

Growing Population

> Our population is growing so quickly that it's hard to scale up those resources. Meeting those needs as a community is difficult.
> —Stakeholder Interview Participant

The fast rate of population growth in Central Florida was repeatedly mentioned in stakeholder interviews and focus groups. Stakeholders expressed concern about the ability of resources to meet the needs and demands of the growing population. Additionally, the diversity of this growing population necessitates that organizations and services are tailored to meet these needs in a culturally competent way.
Participants in both urban and rural areas noted that an influx of individuals can have ripple effects on housing cost and security, transportation needs, service availability and awareness

- "There are challenges with housing. The demographics of the homeless population shift and there are not enough resources to support them, especially with the growth of the population over a short time. Resources are even *more* restricted."
  —Stakeholder Interview Participant
- "There's not enough medical care to go around. The community is growing so fast that the health resources can't keep up." —Stakeholder Interview Participant
- "We are going through a growth spurt and Orlando and Orange County, compared to more established cities, is growing up. There's this new trajectory toward creating these neighborhoods and pockets of town with a heavy focus on culture and nonprofits and social services. 1,000 people a month are moving to Central Florida."
  —Stakeholder Interview Participant



Trust in Healthcare

Trust in healthcare systems and providers was cited as an important consideration at the systemic, community and interpersonal level. Individuals reported that they often struggle to find providers that they feel understood by, comfortable speaking with and trusting with their healthcare needs. Additionally, increased access to misinformation can make individuals wary of engaging with the healthcare system.

> People trust peers and navigators. Patients have had several years of chronic misuse and dependence, and they need to trust someone. They need to be treated as a whole person, with respect, and for ALL of their needs.
> —Stakeholder Interview Participant

Trust can be built in a number of ways; in Central Florida, individuals emphasized the importance of consistently providing high-quality, stigma-free care as a means of establishing trust. Many individuals cite partnering with already trusted entities such as religious institutions or local organizations to foster trust in the community. Trust was identified as a vital factor that can either promote or inhibit community members' access to these resources:

- "We have seen some vaccine hesitancy in some of our communities we serve - we saw it start with COVID and even flu and RSV vaccines in the last few years - it could be an increasing issue." —Stakeholder Interview Participant
- "We need more providers that we can relate to and connect with. People who look like us." —Focus Group Participant
- "People tend to go to the people they trust. They will be receptive to referrals coming from people they trust." —Focus Group Participant



Collaboration

Collaboration is key to improving outcomes for residents of Central Florida and many participants shared that the community has taken steps to increase collaboration between organizations. However, participants also felt that there was an opportunity for growth in this area. Community stakeholders shared that many organizations and institutions are often "siloed," meaning they operate independently rather than sharing information or resources with others. Many shared that there has been a shift in operations since the COVID-19 pandemic that focuses on collaborative efforts:

- "COVID had a big effect on the community, but there are still disconnects with interoperability - thanks to HIPAA in part, but it's also about people and advocating for their needs. Doctors don't talk to one another, so patients need to ensure health information is shared among providers. Providers code procedures wrong which means patients have to pay, but patients need to stay on top of it and understand."
  —Stakeholder Interview Participant
- "Groups and hospitals need to work more together. Other non-profits also have to work together rather than compete with each other to maximize resources, especially as they become more limited. There can be a hint of competition, but that needs to be put aside so the community can benefit. How do we get over this competition? Culture shifts take a while: bring in experts and best practices or do an analysis of how organizations can complement each other. If one organization has a dental clinic and another has specialty care, they can refer to each other. But all of this takes a while, so stay steady."
  —Stakeholder Interview Participant

Participants also noted how collaboration can serve as a tool in communities that may be resource-limited, such as rural areas:

- "Non-profits need to figure it out and work together to fill in gaps. Some counties have more resources, so rural communities may be more difficult. We need government, faith-based, non-profit and others working together and developing relationships.
  —Stakeholder Interview Participant

Financial Stress

Concerns about the cost of living were a recurring theme in stakeholder interviews and focus groups. Community members expressed worries about food insecurity, access to adequate employment and the rising cost of basic necessities. These issues are deeply interconnected—low wages make it difficult for individuals to afford housing, food, transportation and childcare:

> "Some of us, we can say we're a paycheck from being homeless, okay? Because if you lose your vehicle, you up the chances of losing your job, right? If you get sick, there's also that possibility. There are so many, many factors to be taken into consideration in order to keep yourself healthy, emotionally, physically and mentally." —Focus Group Participant

- "A two- or three-bedroom apartment is $1,800 and single parents or even some couples can't afford that and the cost of children, insurance, fuel and food. People who have lived here their whole lives can't afford to be here. These people need financial literacy and career development to afford where they work at and where they've lived most of their lives." —Stakeholder Interview Participant
- "75.0% of people are making $15 [an hour]. [...] They need housing and a one-bedroom apartment is $1,200 a month. If you want to have healthcare access you need a car and you need insurance. Then layer on groceries that you need and then there is daycare." —Stakeholder Interview Participant

Those who are considered Asset-Limited, Income-Constrained, Employed (ALICE) community members are at a growing risk of food and housing insecurity. When conducting stakeholder interviews, service providers often share their own or their colleagues' financial difficulties, many of whom are placed within this ALICE demographic. As the cost of living rises, but the qualifications for programs don't, a chasm is created in which individuals are financially unable to meet their needs while also unable to receive assistance:

- "The bad part is with the cost of everything going up, food and everything, wages in Florida have not kept up with the rising cost of everything, so it makes it harder to survive. I think half of the people that I know have a main job and do something else on the side like a craft for a second stream of income." —Stakeholder Interview Participant
- "Rent increased 400% in last decade and wages are not keeping up. Those making above $35,000 and below $50,000 have the biggest issues." —Stakeholder Interview Participant
- "The number of homeless individuals and homeless children and the meal they get at school is the only meal they get that day. It hurts. You meet working parents who can't afford housing and live in their car." —Focus Group Participant

Needs

Access to Healthcare

Access to high-quality healthcare services has been identified as a growing need across the United States. Access to healthcare includes physical and financial access to care that is provided in a timely manner. Limited access to healthcare, specifically primary care, can lead to delayed treatment and increased utilization of emergency services, placing an undue burden on these services that may not be well-equipped to treat the needs of the patient. When discussing healthcare access, participants noted difficulty navigating systems, inadequate insurance coverage, long wait times and cost of services as the primary barriers that individuals face. The overwhelming sentiment among participants is that barriers to accessing healthcare create a system of delayed treatment, increased disease morbidity and increased utilization of expensive emergency services.

While access to healthcare was noted across Central Florida, participants noted that rural areas have greater barriers when seeking specialty healthcare compared to their more population-dense counterparts due to availability of providers and transportation to reach services.

System Navigation

Navigating the healthcare system can be challenging due to confusing processes, complex applications and limited technology literacy among older adults and limited health system literacy in New Americans in Central Florida. Knowing how to find and connect with resources is a crucial part of healthcare access. If this process is too difficult, it can dissuade individuals from seeking essential healthcare.

Participants reflected on these challenges and also offered strategies to overcome them. Many identified community case managers and increased education efforts as an effective way to help individuals navigate the healthcare system more adeptly:

"I'm first-generation and I have to make sure I schedule my parents' doctor appointments and there are limited options for them."
—Stakeholder Interview Participant

- "Hospitals will have a list of resources, but they don't provide the requirements for the resources. There needs to be case managers instead of us calling everyone from the list to find out we don't fit the requirements." —Focus Group Participant

"There are additional challenges for some people. Things are made more difficult by healthcare systems becoming more automated. You can't get a real person on the phone. If you do, they might not be local. Offshore technical support is the worst."
—Focus Group Participant

- "You have to schedule the appointment and make sure it works; then, they may or may not know how to get there. If they're not tech savvy, it's not an easy thing and if you don't speak the language or haven't learned the language, then that's hard." —Stakeholder Interview Participant

Affordability

Participants also highlighted that barriers such as the high cost of healthcare services, while frustrating for many, have consequential impacts on low-income individuals' and families' access to care. Those who are financially limited have to make the impossible decisions between paying for housing, food and other basic needs or paying for medical care. Participants reported that this often leads to delayed care which, in turn, increases the morbidity, the cost of treatment and the burden on emergency healthcare services:

- "High costs of healthcare. It's a deterrent for people to seek help and then people end up in the emergency room with even higher bills." —Stakeholder Interview Participant
- "People may see their doctor, but there's no follow-up due to costs of care. How do we stop people from going to the ER due to diabetes and lack of follow-up? People need access to education and information, whether from the ER or from the pharmacy. Everyone is overwhelmed. Patients need to actively manage their disease. How do we prevent and take charge?" —Stakeholder Interview Participant
- "Having to allocate money to healthcare is difficult. People use the emergency room as their safety net because they're working multiple part-time jobs and don't have insurance because they're not working full-time jobs." —Stakeholder Interview Participant
- "[We need] more access to those who cannot pay the high bills. Health should be accessible to everyone. And places where people can go to receive these resources or find out about programs available." —Focus Group Participant

> "A lot of families don't have health insurance, so when it comes to access, they're paying out-of-pocket. Healthcare costs are astronomical. As an agency, having to keep up with healthcare costs for our own employees is a challenge. We see children for medical neglect, and when the family is deciding if they have to eat or take their child to the doctor, they'll opt to put food on the table. But now, six months later, it can lead to medical or dental issues. These costs all have trickle–down effects."
> —Stakeholder Interview Participant

The affordability of care is intertwined with access to adequate insurance, which in turn, is often impacted by employment status. Affordability of care was a consistent concern across the Central Florida area.

Wait Times

In addition to lack of affordability, long wait times and inadequate hours can lead to patients foregoing care. Many participants shared that the community would benefit from investing in additional affordable resources to decrease wait times for specific services. Similar to a lack of affordable care, long wait times can lead to disease progression and increased morbidity, which in turn can increase the cost of treatment:

- "There are many resources, but the wait times are usually months."
  —Stakeholder Interview Participant
- "Specialty medical care, like cardiology, neurology, mental health [is needed]. Some providers have three-month waits. If you don't have good enough health insurance, you won't be able to see the specialist."
  —Stakeholder Interview Participant
- "There is a long wait time between going to a primary doctor and then going to a specialist."
  —Focus Group

> "Primary doctors have long wait lists. My kid was sick and I couldn't get an appointment right away, so then we had to take them to urgent care when they don't need to go there. But that seems to be the only option."
> –Focus Group Participant

Wait times are a barrier to seeking mental healthcare as well, as many participants noted:

- "There are lots of options! However, accessing and waiting for counseling (including hours of operation) is a challenge. Insurance reimbursement is also a challenge."
  —Stakeholder Interview Participant
- "We're building awareness [around mental health], but we're not coming alongside it fast enough to provide the services required and needed to provide our community with those resources and if there are resources, it's a timely thing. If you're looking for an appointment for those types of services, it will be six months out to eight months out, if you're lucky."
  —Stakeholder Interview Participant

While wait times were discussed as a barrier across the Central Florida area, participants in Seminole County reported being particularly affected by them. Many shared that a lack of specialists in the area adds to this delay in care.

Insurance

Insurance status and type create significant obstacles to healthcare access. When individuals lack adequate coverage, they often delay primary or preventive care, increasing the strain on the healthcare system as their needs escalate to urgent care. Stakeholders and focus group participants highlighted a shortage of providers who accept Medicaid in Central Florida, leaving underinsured and uninsured individuals with limited options for care:

> If people have insurance, it may not cover out-of-pocket costs or medication. People in this area can't afford some care if they don't have Medicare or Medicaid. Specialty care isn't affordable. Accessing Medicaid is hard and it's confusing. People don't qualify for Medicaid because they don't have kids, or they get dropped. Then they don't qualify for healthcare.gov because they don't meet certain qualifications. People get discharged without insurance, and the hospital doesn't tell them about Shepherd's Hope or other free care. There's an opportunity for better education from hospitals.
> –Focus Group Participant

- "We don't have enough resources for mental health or medical specialists. Even a child covered under Medicaid, there are only a few therapists that accept Medicaid patients. A lot of therapists aren't even accepting new clients." —Stakeholder Interview Participant
- "People weren't ready for the Medicaid unwind and I don't think they knew what it really meant. [Local Organization] put out a press release letting people know the organization was there for the uninsured. Other organizations are struggling with bringing people back in, but now people have delayed their care. And people don't really understand the insurance in the Healthcare Marketplace."
  —Stakeholder Interview Participant
- "There is a high percentage of uninsured people or people with high deductibles here, so when people go to an urgent care or emergency room, it's usually because an issue has become really bad and then they have to pay astronomically high bills because they don't have good coverage." —Stakeholder Interview Participant

Cultural Differences

Individuals expressed a preference for receiving care from providers who understand their culture and language. Without culturally competent providers, patients may feel uncomfortable during appointments, which can discourage them from seeking future or additional care. Community members noted that New Americans and non-English speakers often face challenges:

> And just speaking from a medicine standpoint, having representation in medicine is critical for providing equitable care. Why do we not have nurses that can speak Spanish or Haitian Creole? You can't provide good care if you can't communicate.
> —Stakeholder Interview Participant

- "One of the challenges is that we speak so many languages. When someone moves to the area and their first stop is the school system, there are over 174 languages used in the school system. Language diversity always presents an opportunity in our community." —Stakeholder Interview Participant
- "There is lots of stigma and fear of being judged, especially in the Asian American community. They're taught to suck it up and not bring attention to ourselves. Gen Z are starting to take mental health very seriously." —Stakeholder Interview Participant
- "There is a stigma, but also the needs are greater. The trauma that comes with relocating your family and leaving your home country for desperate reasons creates a greater need, but the culture creates barriers. A lot of patients are in crisis and survival mode." —Stakeholder Interview Participant
- "There are many misconceptions. There is no preventive care. The Haitian community seems to wait until there is an emergency and then they seek services. There needs to be more education for those people who are afraid to access care." —Focus Group Participant

Awareness of Services and Resources

Participants acknowledged recent initiatives to raise awareness but emphasized that more work remains. They highlighted the critical link between awareness and access, noting that community members must first be informed about available healthcare and community services to utilize them effectively. Stakeholders also shared insights into inter-organizational awareness, discussing how connecting community members between organizations can enhance service delivery and accessibility:

Healthcare Service Awareness

Stakeholders shared that awareness of healthcare services in the area is lacking. They also shared that initiatives to increase awareness would be beneficial and shared their own strategies for increasing awareness:

- "Yes, [healthcare] is available, but it's limited because people do not know of the available resources." —Stakeholder Interview Participant
- "Awareness and education are primary and they are lacking. People don't know what's available out there." —Stakeholder Interview Participant
- "Many people access their healthcare through their work or marketplace [Employer-sponsored health insurance or Health Insurance Marketplace], the problem is making people aware of the resources available in their community. I think a better understanding of what is available will allow people to utilize it in their benefit." —Stakeholder Interview Participant
- "I don't think everyone knows what a Fede have sliding scale fees and more. Awareness of resources is still a challenge." —Stakeholder Interview Participant

> "We need to go where the people are and go to the community events. Work through community leaders – ask them directly and they will likely know – it's just that simple. It doesn't have to be a dog and pony show and it doesn't need to be a media campaign. We need more grassroots communication and feedback."
> —Stakeholder Interview Participant

Resources Awareness

Beyond a limited awareness of healthcare services, many participants also expressed a general lack of knowledge about community-based resources. Barriers to awareness included information overload, stressful life circumstances, the absence of a centralized resource hub, inadequate health education and language and cultural differences:

> The community doesn't understand what public health is. Being present in the community. Meet people where they are. Go to health fairs. Develop trusted relationships.
> —Stakeholder Interview Participant

- "If people don't have language skills, it's really hard to get help. I'm sure there are organizations out there, but it's really hard to get connected and find help." —Stakeholder Interview Participant
- "A lot of resources exist, but it's not knowing how to get them. Silos need to be broken down and organizations need to communicate among themselves." —Stakeholder Interview Participant
- "Sometimes it is awareness that services even exist. Many times, even agencies do not know what other agencies offer!" —Focus Group Participant

Stakeholders identified numerous strategies for improving awareness of health and other resources in the community. While those in Orange County focused more on the importance of messaging and marketing, stakeholders from Lake, Osceola and Seminole counties identified a more personal connection such as utilizing community health workers or word-of-mouth networks to spread awareness.

Behavioral and Mental Healthcare

Behavioral and mental healthcare demand continues to grow across the US. Participants echoed this sentiment when discussing the needs of Central Florida, citing it as one of the top needs in the area. As awareness of the importance of this type of care rises, the resources to meet this need often fail to keep pace. Key challenges identified included accessibility, systemic barriers and stigma within the behavioral and mental healthcare system.

Access to Quality Care

When discussing mental healthcare in the community, participants highlighted a shortage of services for individuals with Medicaid, concerns about the quality of care of the mental health system and a lack of crisis services and inpatient beds. Participants shared the various barriers community members encounter when seeking high-quality behavioral and mental healthcare.

Systemic Barriers

Community-level organizations are filling in the gaps that exist and are exacerbated by a lack of supportive behavioral health policies. Stakeholders shared that while many understand that there is a need for behavioral and mental healthcare, policies, financial barriers and social drivers often prevent action from being taken or treatment from being effective:

- "Substance use disorder and mental health counseling is a huge need. The challenge is that when someone has substance use needs and is homeless, every session is counteracted by homelessness. After we're done with a one-hour session, I go back to sleeping outside and anxiety and depression hits and then addiction hits again." —Stakeholder Interview Participant
- From a legal perspective, to set up an appointment or counseling, you need to set it up, not someone else. The insurance company should be able to call on your behalf. Even primary care providers can't schedule mental health, even if they can schedule any other referral. The laws and rules need to be changed." —Stakeholder Interview Participant
- "The more intense the service, the harder it is to find. If you're truly in crisis you can get the care, but after the crisis is over it's harder to find help. Funding is put on the patient, rather than the big picture of what led people down this path." —Stakeholder Interview Participant

Behavioral and Mental Health Reimbursement Parity

A chronic underfunding of behavioral and mental health initiatives impacts the amount and quality of care organizations and practitioners are able to provide. Participants mentioned inequitable allocation of grant funding and concerns regarding behavioral and mental health reimbursement parity as barriers to meeting the growing need for these services:

> "The biggest thing would be if mental health treatments were paid at par with other treatments and valued so that it attracted people and resources. It's chronically underfunded."
> —Stakeholder Interview Participant

- "Behavioral health is always siloed from primary care. They aren't working holistically. If you have a client with a behavioral problem that puts them in a headspace that is difficult to manage their healthcare, that makes things extra difficult. There are compensation models in other states that bring primary care and behavioral healthcare into the facility." —Stakeholder Interview Participant
- "We need to improve health insurance parity. The demand is outpacing the supply. We're not a Medicaid state, so therapists can't get any money from Medicaid, which means they have to deal with private pay." —Stakeholder Interview Participant

- "It's difficult to find mental healthcare for everyone. With any medical field, it's hard to find a specialist, like a therapist that specializes in trauma. There are long wait lists and costs. They require out-of-pocket expenses starting at $150. We don't have enough resources for mental health or medical specialists. Even a child covered under Medicaid, there are only a few therapists that accept Medicaid patients. A lot of therapists aren't even accepting new clients." —Stakeholder Interview Participant

Stigma

Stigma refers to the negative attitudes, beliefs and stereotypes surrounding a specific group of individuals, one of which being those with mental health needs. Participants report that while there has been a reduction in stigma, it continues to affect community members across all professions, including medical professionals and first responders. Additionally, cultural and religious beliefs can contribute to stigma, further discouraging individuals from seeking care.

> "It seems taboo within cultures and society thinking they may be judged or looked down on. Law enforcement or medical providers – if they go in to get mental health help, they can lose their credentials. So there is a fear within those officials, and they should also be receiving help if it is needed; so how can we help with that?"
> —Stakeholder Interview Participant

All forms of stigma create barriers to treatment, but these can be reduced through education and open discussions.

- "One patient had to go to her mom's house and shower and change to look better and be treated fairly. One day the patient went to the hospital for help and was turned away because she 'looked like an addict,' and the next day she returned after getting ready at her mom's house and was treated better." —Stakeholder Interview Participant
- "With the Hispanic and Latino community, behavioral issues are a weakness. They'll say 'you need to move more or get more sun' - it's a stigma. Our older generations don't see behavioral healthcare as an asset. Parents will tell you that you don't need a therapist. To get a Latino to seek mental healthcare, you can't say you need a therapist - you need a different approach. When you have a broken arm, you can see it, but mental health is not shown or visible to anyone unless you have very specific traits." —Stakeholder Interview Participant
- "Doctors and other providers are slowly learning how to treat patients with opioid addiction, both from a medically relevant manner and sensitivity to treat them kindly and with respect." —Stakeholder Interview Participant

Substance Use

As previously mentioned, there is a universal growing need for increased access to behavioral and mental healthcare across the United States and Central Florida is no different. However, behavioral healthcare specifically related to substance use was a frequently mentioned need in Seminole County and Orange County. When discussing this need, residents focused on the youth population, sharing that while strides have been made toward combatting the opioid epidemic and stigma against opioid treatment, the community would benefit from additional intervention:

- "Doctors used to not understand or be resistant to treating patients with opioid addiction, but after education the doctors are now treating patients with opioid addiction. People are now advocating for these patients." —Stakeholder Interview Participant
- "There has been a rise in drug use in Central Florida - meth, opioids. There are no safe spaces for people to use and there is one needle exchange program. Harm reduction has such a stigma." —Stakeholder Interview Participant
- "Some students have overdosed on strong narcotics in the past few years - opioids were laced with fentanyl." —Stakeholder Interview Participant

Food Access

Food insecurity is closely linked to housing instability, transportation challenges, mental health and the rising cost of food. Throughout focus groups and stakeholder interviews, participants emphasized these connections, noting that access to healthy food depends on factors such as availability, affordability and broader social drivers of health like housing.

> "Compared to last year we have tripled the amount of people we are seeing for food insecurity."
> —Stakeholder Interview Participant

Food access is also dependent on location, with rural areas often having more limited food sources and urban areas facing food quality concerns:

- "We need more access points in rural areas for food access." —Stakeholder Interview Participant
- "There are more food swamps and food apartheid areas and corner bodegas and liquor stores don't have fresh produce." —Stakeholder Interview Participant
- "Folks that are under-resourced that have less financial resources make choices about easily accessible food. [...] When you're financially under-resourced you go with faster options that are less healthy." —Stakeholder Interview Participant

While participants appreciate the efforts of food pantries in the area and acknowledge the asset to the community, they also expressed concern regarding pantries' ability to provide nutrient-dense food:

- "It's also really hard to put nutritious food on your table. There are less food pantries and the ones that are don't always have healthy food; they're giving out sugary cereal and snacks." —Stakeholder Interview Participant
- "A lot of times the quality of food, since it has to be non-perishable, isn't high. It isn't an equitable source of whole nutritious foods. It's unavoidable, but you're not going to see the same health outcomes." —Focus Group Participant

Seniors were noted as a specific group that is at high risk of food insecurity due to their fixed income, lack of access to transportation and capacity to prepare meals for themselves:

- "The median income for elderly people and what they earn on average from Social Security, they're living on a deficit. We're trying to help them fill the gap with meals, but with funding and the cost of food going up, we can't provide everything we want. Our senior population is extremely vulnerable now with the economy." —Stakeholder Interview Participant
- "The number of people coming to the food pantry has gone up drastically in the last few years. A lot of seniors, a lot of widows who went from living from two incomes to one and can no longer support themselves." —Stakeholder Interview Participant

Employment

Participants cited the importance of stable, well-paying jobs to the well-being of community members. Financial resources impact access to housing, food and care, while also providing a sense of security in knowing that you are able to meet your needs. When discussing employment in Central Florida, many participants focused on the tourism industry in the area:

- "Every community needs jobs - and not just any jobs - they need high-paying jobs or family-sustaining jobs, which is defined as a thing that's enough to raise a family. And I think we're a little bottom-heavy in terms of where our jobs are clustered. And that's just a function of the tourism economy and other elements. There are too many jobs at the lower wage spectrum of it." —Stakeholder Interview Participant

Other participants noted specific groups that face employment challenges, such as those who have a criminal-legal record or those at risk of employment discrimination. This in turn impacts other aspects of health:

- "We have a job training program here that teaches emotional intelligence and workforce training. If someone has any interaction with the criminal justice system, even if you are detained for a few hours now you have a record - that will make your chances of getting a job that more difficult." —Stakeholder Interview Participant

- I'm an economist; we've done a lot of work around, 'are we moving the needle on broad-based prosperity?' And some of the health outcomes are still quite uneven - healthcare, education outcomes, among different racial groups, ethnicities. We see that life expectancy among the Black population is not as good as the white population and employment generally can be quite divisive. I think we still have a ways to go in that I think white people, because they can have more access to jobs, that comes with health insurance. And so I think there's a kind of occupational area there." —Stakeholder Interview Participant

Childcare costs also contribute to cost-of-living concerns and act as barriers to employment:

- "The high cost of childcare for families with young kids is a huge barrier to enter the workforce." —Stakeholder Interview Participant
- There is some childcare assistance but it's so backlogged that it's very difficult to get. It's a catch-22 if you want childcare: mom will come to us because they can't afford childcare, but they can't leave the child alone, so they can't go to work, but she can't get childcare because she doesn't have a job." —Stakeholder Interview Participant

> "Childcare is a challenge. You get on a waitlist for childcare for affordable childcare, but you can't start your job until you get childcare."
> —Stakeholder Interview Participant

Housing

Access to safe, affordable housing is a fundamental need that significantly impacts both physical and mental health. Poor-quality housing can contribute to health issues, while high rent payments limit the ability of individuals and families to afford other essentials such as transportation, childcare, food and healthcare. There is a clear and growing need for affordable housing in the community.



Affordable Housing

Housing is essential for a healthy community and concerns about its availability and affordability were consistently raised during stakeholder interviews and focus groups. Rent is rising quickly and while people are doing their best to keep up, many are struggling and experiencing significant hardship:

> The lack of affordable housing is one of our greatest inequities. When people can't afford housing and are using 60% to 70% of their paycheck, they can't afford food. The lack of affordable housing and lack of intermediate housing and shelters has driven the need for food and medical care. People are choosing between paying rent or paying for kids' medication.
> —Stakeholder Interview Participant

- "The cost of housing for single families, not even single parents, is that you could have one or no children and it's a struggle to find a place that's affordable. All these massive complexes are going up and one studio is more than $1,600 - we're talking about mortgage money. How are people supposed to afford that? When are they going to look at affordable housing for people that are already here? People move in from up north and those houses go to the highest bidder. [...] We need homes for people that are here at prices they can afford."
  —Focus Group Participant
- "Regardless of what side of the aisle people are on, it's difficult to pay rent, it's hard to put healthy food on the table. Housing is the number one issue - if you don't have a safe roof over your head, you can't go to school, you can't go to work." —Stakeholder Interview Participant

The quality of housing is a concern as well. One participant noted how poor-quality housing is often found in under-resourced historically Black/African American neighborhoods:

- In our work around the region, there are a number of historic neighborhoods of color, mainly Black communities, that have lower access to health resources both in terms of healthcare facilities and food deserts and in things like older housing stock that likely have poor indoor air quality, leaky windows, poor insulation so it's harder to keep cool in the summer. I see effects on the residents in those communities. There are some neighborhoods near industrial areas and pollution dumping." —Stakeholder Interview Participant

Housing Insecurity

As a result of the high cost of housing, community members are experiencing high levels of housing insecurity. Stakeholders note that housing insecurity is one of the largest issues in the community and it has a direct impact on health:

> "People are homeless because there's not enough affordable housing in the area. Not poverty, mental health, the weather, but a direct consequence of a community's lack of low-cost housing and rapidly increasing rent."
> —Stakeholder Interview Participant

- "We have to look at what our health inequities are and where our roots came from and how they affect people. I met a homeless child 10 years ago sleeping in the back of a car and that's why I started this organization. The cost of housing has skyrocketed past modest wages, so a new group of people came about: the working homeless." —Stakeholder Interview Participant

Those who are housing insecure face other barriers, including employment and access to care. Stigma, both interpersonal and systemic, against unhoused individuals can have a direct impact on the services and care they receive. Participants shared the impacts of these stigmas, demonstrating how they can work in tandem to exacerbate inequities:

- "The stigma is based more on perceived financial status than skin color, sex or even language. It is based more on social class - if people think you're homeless, you'll have a harder time getting care." —Focus Group Participant
- "The camping bill that just came out at the state level removed access to people having the ability to take a shower and clean their bodies. It's super important and necessary not just for people who are living in the woods, but people who are living in their car or sharing living spaces. Especially during COVID, we got community pushback from putting portable toilets and handwashing stations outside of our facilities because we understand that people needed proper hygiene." —Stakeholder Interview

Housing insecurity for youth has become a rising issue in Central Florida. Participants shared the consequential effects that this can have on the younger generation:

- "Historically, there is a high number of students who identify as homeless. Unaccompanied students are on the rise for many reasons and they're much more vulnerable. There are no youth shelters, so placement is difficult and they don't like to identify themselves." —Stakeholder Interview Participant

Transportation

There is a lack of reliable, accessible transportation in Central Florida, with specific needs varying depending on location. Residents in more urban areas, such as Orange County, emphasized the need for a more comprehensive public transit system and a greater focus on the built environment to meet the transportation needs of the growing population.

In rural areas of Lake County and Seminole County, community members expressed a strong need for public transportation to help individuals access healthcare services, grocery stores, employment and other essential community resources.

> "Lynx is the bus system and operates in Seminole, Osceola and Orange counties. They have various degrees of service, one for residents and one for tourism. We have such a high number of tourists that a lot of transportation resources get pushed to the tourist corridor, which is a challenge because tourists are paying taxes, but those taxes are sales taxes and don't go to help the transit system."
> —Stakeholder Interview Participant

Public Transportation

Participants across Central Florida noted that the current public transportation systems are inadequate for the growing community:

- "Transportation is another [need]. If they don't have a car, there really is no way. There's no efficient way to travel. Especially as you get out to, like, Brevard County and Lake County and in Seminole County." —Stakeholder Interview Participant
- "Why can't we have a trolley system that goes around Lake County if buses don't work? How can we access the beautiful spaces that we have? We need an interconnected transportation system." —Focus Group Participant
- "I think transportation, I would always say, we, along with many major regions in the US, we're behind on transportation and building an adequate system that works for everyone. So if you don't have access to a car in Orlando, only a small fraction of the jobs in the region are available to you because maybe the bus service isn't what it should be." —Stakeholder Interview Participant
- "Transportation is a big issue. Sometimes some programs provide bus passes, but when you have a baby and have to carry stuff, it doesn't work well. And buses are late and make people late for appointments." —Focus Group Participant

A stakeholder participant reflected on how utilizing public transportation has a significant impact on one's ability to reach resources in a timely manner:

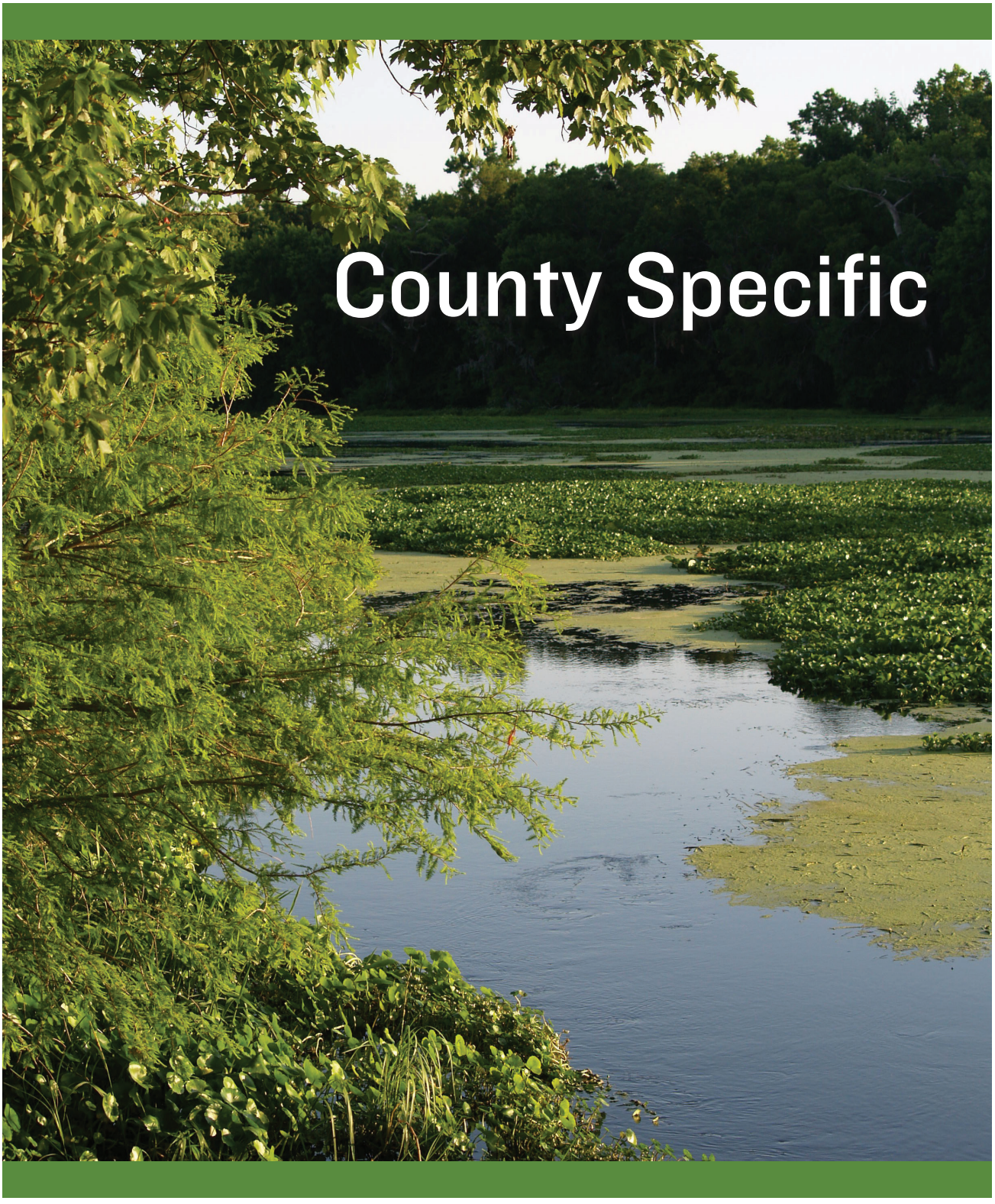
- "For those living paycheck to paycheck transportation is an issue for accessing healthcare. A 30-minute trip to the doctor for someone with transportation could be four or five hours with public transportation. You're also taking a whole day off of work at times." —Stakeholder Interview Participant
- "The distance to hospitals and clinics all need a car to get to." —Focus Group Participant

Walkability and Built Environment

Other participants shared that creating a more walkable environment could improve access to resources as well. When discussing walkability, many focused on the safety of pedestrians:

- "Transportation is a social driver of health, but land use directly impacts transportation decisions. If you have a bakery next to a bank next to a daycare that's close to your house, you're not going to be forced to drive, you're able to walk or bike and that naturally leads to more healthy lifestyles." —Stakeholder Interview Participant
- "There is an opportunity for growth in public transportation. Our city is not necessarily walkable, especially for individuals with mobility barriers, such as disabilities and mental health issues and those with a lack of mobility. There is space to have better transportation systems." —Stakeholder Interview Participant
- "I would love to see more sidewalks, more opportunities to walk. Again, I think the heat gets in the way. [...] It's also dangerous. I think I've read many articles in Orlando where motorists are not always used to pedestrians. So depending on where you're walking, it can be quite dangerous. It's an awareness - not just among pedestrians of cars - but also motorists among pedestrians." —Stakeholder Interview Participant
- "Kids walk to school so there needs to be better sidewalks and more sidewalks." —Focus Group Participant

> "Each county has different priorities. Seminole is physical activity in commute options. Orange County is traffic safety. Osceola is commute time, if people are in their car for a long time, it can lead to mental health issues."
> —Stakeholder Interview Participant


County Specific

Lake County Qualitative Summary

Strengths

Lake County's residents and community stakeholders emphasized several strengths that contribute to the overall well-being and quality of life in the region. One of the primary strengths mentioned was the **family-centered atmosphere** of the county. The community offers **recreational opportunities** and boasts a population with diverse age groups, which positively impacts residents' health and lifestyle.

The **collaborative nature** of the community was frequently highlighted as a strength. Many stakeholders noted that Lake County residents, along with local organizations, are dedicated to helping those in need. Despite some challenges, this compassionate attitude contributes to the county's resilience and capacity for change.

Themes

Several overarching themes emerged during the discussions that provide insight into both the opportunities and challenges facing Lake County. A key theme revolves around the **ruralness** of the county, which significantly influences how residents seek and receive care. Specifically, the geography and distribution of resources in rural areas complicate residents' ability to access services and participate in recreational activities.

Another critical theme is the importance of **collaboration** for improving health in Lake County. While there are existing efforts in place and local stakeholders have a strong will to collaborate, many organizations, including nonprofits and law enforcement agencies, operate more independently, leading to a "siloed" system. Participants expressed that while collaborations have been successful in certain areas, there is a need for increased coordination among all organizations.

Needs

ACCESS TO HEALTHCARE

Access to quality healthcare is a significant challenge for Lake County residents. Barriers such as **inadequate insurance coverage** and **high costs** make it difficult for many individuals to obtain timely care. Stakeholders noted that those who are **uninsured or underinsured** often avoid seeking care until their health issues worsen, leading to more severe complications. This is especially problematic in a county where access to primary care is limited forcing patients to turn to emergency services for care and placing undue strain on an already overburdened system.

Dental care was also identified as a pressing need, with adult and pediatric dental care services being difficult to access, particularly for low-income residents and those on Medicaid.

COST OF LIVING AND BASIC NEEDS

The rising **cost of living** emerged as another significant challenge, with many residents unable to meet basic needs such as housing, food and childcare. This financial strain leaves individuals in a "survival mode" making it difficult for them to focus on proactive health behavior. A growing concern was the **rising cost of food**, which forces residents to choose between purchasing affordable, nutrient-dense food and less expensive but less healthy options.

BEHAVIORAL HEALTH

Behavioral health services were highlighted as an area of significant concern in Lake County. While some services exist, **accessibility** remains a major issue due to the limited number of service providers. Additionally, Florida's Baker Act, which addresses immediate behavioral health crises, was acknowledged for its importance in meeting behavioral healthcare needs, but concern was noted for the lack of resources available post-crisis. Behavioral healthcare services for youth, including improved substance use prevention initiatives, were noted as an opportunity for improvement.

A notable barrier to accessing behavioral health services is the **stigma** surrounding mental health issues. Although stigma has somewhat decreased since the pandemic, it remains a significant obstacle for many, especially in certain different cultural communities. Efforts to reduce this stigma are ongoing, but there is still a need for further work to ensure that individuals feel comfortable seeking care.

HOUSING

Housing is a growing concern in Lake County, particularly for low-income residents. Participants expressed that the rising cost of housing is pushing many residents into a new category of homelessness, referred to as the "working homeless." This group struggles with unstable living conditions despite having employment, making it harder for them to maintain their health. In Lake County housing insecurity directly impacts **children** and **teens,** as a lack of stable housing can hinder their ability to engage in education and social activities, both of which are vital for their development and future success. Parents in these situations also face significant challenges in seeking care and support due to the instability in their living situations.

TRANSPORTATION

Another critical need identified by stakeholders is **transportation**, which directly impacts access to healthcare, food and employment. The lack of reliable and accessible transportation is particularly challenging in rural areas of Lake County. Many residents, especially those with disabilities and youth struggle to access medical appointments and other essential services and opportunities that promote well-being.

Orange County Qualitative Summary

Strengths

Orange County is marked by a strong sense of **community collaboration.** Stakeholders and focus group participants emphasize the cooperative spirit among community members and organizations. The robust communication networks between various organizations help foster cross-sector collaborations, leading to more effective problem-solving. This collective approach fosters comprehensive and sustainable solutions for meeting the community health needs.

There has been notable **progress** in areas like telehealth access, infrastructure improvements, law enforcement training and economic development. These achievements contribute to a healthier and more resilient community. The community is united by common goals of progress and well-being, which helps to ensure continuous growth and improvement.

Themes

Trust in healthcare providers is a central theme identified by participants as vital to improving healthcare access. In Orange County, participants discussed the concept of trust operates on both the interpersonal and systemic levels. For many, finding healthcare providers with whom they feel comfortable and understood is a challenge, particularly for marginalized groups. Trust influences individuals' willingness to seek care and impacts the overall accessibility of services.

Representation emerged as a significant theme in Orange County. Many community members, particularly from minoritized backgrounds, expressed the need for healthcare providers to better reflect the populations they serve. Racial, socioeconomic and language barriers affect healthcare outcomes, making cultural competency in health services critical. Similarly, participants emphasized the importance of listening to and incorporating diverse voices to inform health interventions.

Needs

ACCESS TO AFFORDABLE HEALTHCARE

A major barrier to health access is the **cost of healthcare**, especially for **uninsured or underinsured individuals**. Even those with insurance often encounter high out-of-pocket costs, particularly for dental and mental health services. Focus group participants highlighted challenges like limited access to **specialists** and **complicated healthcare systems**. A lack of providers in the area increases **wait times,** which prevents many from receiving the care they need in a timely manner. Participants noted that delayed access to primary care often forces individuals to rely on emergency services for non-emergent needs, leading to poor health outcomes, increased use of emergency services and increased expenses. Many of these barriers are exacerbated in those **whose primary language is not English** or are unfamiliar with the US healthcare system.

A lack of **culturally competent** providers who understand the unique needs of new Americans and medically underserved communities was another key issue raised. Participants shared that patients often feel uncomfortable with providers who are not able to provide culturally competent care. This lack of understanding can deter individuals from seeking future care.

AWARENESS OF SERVICES AND RESOURCES

There is a need for improved **awareness** of available healthcare and community-based services in Orange County. Information overload, language barriers and a lack of central resource hubs contribute to the difficulty individuals face in accessing help. There is a strong call for information to be disseminated in multiple languages through trusted community channels, such as faith leaders, to increase awareness and utilization of available services. New Floridians are especially at risk of not knowing what services are available for them.

BEHAVIORAL HEALTH

Community members expressed growing concerns about **substance use**. Participants report that inadequate substance use treatment options, including crisis care, lead to extended wait times for those in need of care. The behavioral health system, particularly for individuals on Medicaid, lacks important resources for crisis care and inpatient facilities.

There is an opportunity for improvement related to the **accessibility** and **quality** of behavioral healthcare provided. Participants noted that the system is overwhelmed which results in gaps in care.

Stigma around mental health and substance use prevents individuals from seeking the care they need and inhibits the funding of services in the community. Both internalized and external stigma play an important role on the accessibility of the behavioral and mental healthcare.

FINANCIAL STRESS

The rising **cost of living** and lack of **livable wages** was frequently mentioned as a concern. This combination impacts every aspect of residents' lives, with many shared that it results in facing an impossible choice between paying for basic needs and healthcare.

HOUSING

Housing insecurity, particularly among **seniors** and **youth** exacerbates many of the challenges mentioned above. Participants also noted that homelessness is on the rise. Affordable housing remains a critical need in Orange County.

TRANSPORTATION BARRIERS

Public transportation in Orange County is cited as inadequate to meet the needs of the growing population. Transportation challenges limit access to healthcare, healthy food and employment opportunities. Improving public transportation options, along with enhancing **walkability** and **bike-ability**, could alleviate these issues and improve overall community access to resources.

Osceola County Qualitative Summary

Strengths

Osceola County stakeholders and focus group participants highlighted several strengths within the community, with particular emphasis on the **dedicated organizations** that are adept at working together to serve local residents. This **collaborative nature** builds resiliency and improves access to resources and services in the area.

Additionally, the community has adapted well to its changing demographics and has increased efforts to provide **culturally appropriate services**. While progress has been made, there is still room for improvements to increase culturally competent care.

Themes

Osceola County is experiencing rapid **population growth**, particularly within the Latino migrant community. Concern was expressed about the ability of current resources to meet the needs of this growing population, particularly in a culturally competent manner.

While collaboration is recognized as a key strength in Osceola County, many stakeholders emphasized the **need for even greater collaboration** to address emerging challenges. Effective collaboration can help close gaps in care, prevent duplication of efforts and ensure that resources are used most effectively.

Needs

ACCESS TO HEALTHCARE

Access to high-quality healthcare is a growing concern, as participants noted that limited access to primary care leads to delayed treatments and overuse of emergency services. Barriers such as **inadequate insurance coverage**, **long wait times** and **high healthcare costs** were identified as obstacles to receiving healthcare services. Additionally, the complexity of healthcare systems paired with a **lack of technology literacy**, especially among older adults, further hinder access. Participants suggested that community case managers and educational resources could help people navigate these systems more effectively. **Insurance status and type** is a major barrier to healthcare access as well. Many healthcare providers do not accept Medicaid, which limits access to care.

BEHAVIORAL AND MENTAL HEALTH

There is an increasing demand for behavioral and mental health services. The community faces significant gaps in behavioral healthcare, particularly for **youth and older adults**. The **shortage of mental health providers** and **long wait times** were highlighted as challenges in meeting the growing demand. Participants also pointed to the **stigma** surrounding mental health, which can prevent individuals from seeking help. There is a particular concern about the **lack of mental health resources in schools**, where youth are facing rising levels of

depression, anxiety and suicidal thoughts. Participants also expressed the need for more support for **older adults**, who are suffering from isolation. Addressing these gaps requires reducing stigma and improving the availability and quality of behavioral healthcare services.

FINANCIAL STRESS

A rising **cost of living** was noted, with individuals voicing concerns about **food insecurity**, **low wages** and the rising **costs of basic needs**. Low wages, especially in the tourism sector, contribute to housing instability, inadequate healthcare and food insecurity. Many individuals are unable to afford rent, which impacts their ability to afford other essential services like **transportation** and **childcare.** Access to **safe, affordable housing** is a critical issue. Participants identified the high cost of housing as a significant challenge facing the community. When residents face housing insecurity, it has a direct impact on their physical and mental health. There is a need for more affordable housing options to alleviate this issue, as well as interventions that can address the rising costs of rent.

TRANSPORTATION

Rural areas of Osceola County lack **reliable and accessible transportation**, making it difficult for families—particularly those with young children—to access essential services such as grocery stores and healthcare services. For those without cars, the public transportation system is limited. Updating the transportation system to better meet the needs of the community is a priority.



Seminole County Qualitative Summary

Strengths

Several key strengths of Seminole County that contribute to the well-being of residents were highlighted. One of the most frequently mentioned strengths was the strong **collaborations** between organizations and residents. Participants noted that local leaders are receptive to feedback from residents, which has led to initiatives that are widely regarded as beneficial.

Another major strength emphasized was the county's **school system**, which participants view as a valuable asset that attracts residents to the area. The education opportunities available provide individuals with skills and knowledge necessary for future financial well-being. Of note, some participants pointed out that education opportunities might not be equally accessible, especially for individuals who may feel compelled to enter the workforce earlier due to financial pressures. Despite this, leveraging the school system to promote health was identified as a strategy that could enhance community well-being.

Themes

The most prominent theme discussed by stakeholders and focus group participants was the importance of **trust** in the relationship between residents and healthcare services. Trust is seen as foundational to encouraging individuals to seek care and follow medical guidance. Many participants highlighted the effectiveness of working with trusted community institutions, such as faith-based organizations, to foster trust and engagement with residents. Establishing trust can help residents overcome culturally driven internalized stigma.

Needs

ACCESS TO HEALTHCARE

Access to high-quality healthcare services remains a pressing need in Seminole County. The most common barriers to accessing services were **insurance coverage, long wait times** and **high costs**. In particular, individuals who are uninsured or underinsured face significant difficulties accessing care, as many providers do not accept Medicaid. Additionally, navigating the complexities of Medicaid and Medicare can be confusing, creating further obstacles. The affordability of care is a major barrier, especially for specialty services like dental and vision care. Long wait times for primary care providers often lead to individuals seeking emergency care for non-urgent needs, which not only increases costs but also delays treatment and exacerbates health issues.

BEHAVIORAL HEALTHCARE

Another major need identified was **access to behavioral healthcare**, which is seen as a critical and urgent area for improvement. Participants noted **gaps in services across the continuum of care**, from prevention to long-term treatment and recovery. **Behavioral healthcare reimbursement parity** was cited as a significant barrier, affecting insurance

acceptance and the affordability of services. Parity means that health insurance plans must treat mental health and substance use disorders the same as physical health conditions. For example, if a plan offers unlimited doctor visits for a physical illness like diabetes, it must also offer unlimited visits for mental health conditions like depression or schizophrenia. However, parity only requires equal coverage, not high-quality coverage.[74]

There is also concern over the increase in **youth substance use**, especially following the COVID-19 pandemic. Participants identified a need for more outpatient therapists for youth and for addressing **behavioral health stigma**, particularly within certain communities that face heightened internalized stigma.

FINANCIAL STRESS

Food insecurity was also identified as a critical need as it is deeply tied to other challenges such as housing insecurity, transportation and mental health. Access to healthy food is constrained by **affordability** and availability, with residents often having to choose between food and other basic necessities. The impact of food insecurity on stress levels was noted, with families and seniors particularly vulnerable.

Along with food insecurity, **affordable housing** emerged as a key concern. Participants emphasized that the lack of affordable, low-income housing options is contributing to housing insecurity, which in turn can lead to negative health outcomes. The rising cost of housing has left many individuals and families unable to access stable housing and the lack of supportive housing programs further complicates this issue.

Barriers to **employment** were another significant need identified, with participants noting that individuals with a history of legal involvement face heightened barriers. **Childcare** was highlighted as a major barrier to employment, as both the cost and availability of childcare services are prohibitive for many families. This is especially true for low-income households, where the lack of affordable childcare prevents parents from seeking or maintaining jobs. Additionally, the lack of reliable public transportation makes it difficult for residents to access employment opportunities.

TRANSPORTATION

Participants noted that the **local transportation systems** have not kept pace with the rapid population growth. The challenges posed by unreliable public transportation systems hinder residents' ability to reach essential services and opportunities, such as healthcare, food and employment. Some populations, such as those in rural areas, are disproportionately impacted by these limitations.

[74] *NAMI, What is Mental Health Parity? https://www.nami.org/your-journey/individuals-with-mental-illness/understanding-health-insurance/what-is-mental-health-parity/*



Survey

CHAPTER 5

Primary Quantitative Community Survey



Primary Quantitative Community Survey

The purpose of the community survey was to enable a greater share of people living throughout the CFC service area to share their perspectives on the greatest needs affecting their community.

Methodology

The community survey was made available online and via print copies in English, Spanish, Haitian Creole, Portuguese and Chinese. The questionnaire included demographic questions and closed-ended, need-specific questions. Invitations to participate were distributed to the community by partners through channels including CFC partners, social media, flyers and email listservs among other methods.

Each survey table contains data for each county and the region. The "Total" column is a weighted average of all survey responses.

A total of 2,376 people from the four-county region participated in the community survey, along with an additional 217 respondents from neighboring counties.

Response validity was adjusted based on respondent's completion of one or more non-demographic survey questions. Special care was exercised to minimize the amount of non-sampling error through the assessment of design effects (e.g., question order and wording). The survey was designed to maximize accessibility in evaluating respondents' insights with regard to an array of potential community needs.

While the survey served as a practical tool for capturing insights of individuals across the four-county region, this was not a random sample. Findings should not be interpreted as representative of the full population.

Additionally, sample sizes of demographic subpopulations are not large enough to consider samples to be representative of the broader populations from which responses were received. Differences in responses have not been tested for statistical significance as part of this assessment.

See Appendix B for the survey instrument.

CFC Regional

Community Survey Demographic Overview

Total Reponses **2,376**

Respondents by Age

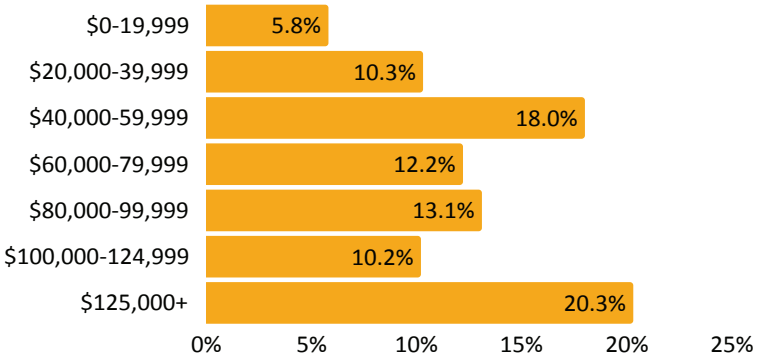
Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
3.3%	**20.4%**	**24.3%**	**18.4%**	**19.7%**	**13.9%**

66.4% White

27.3% Hispanic / Latino

12.9% Black / African American

Household Income

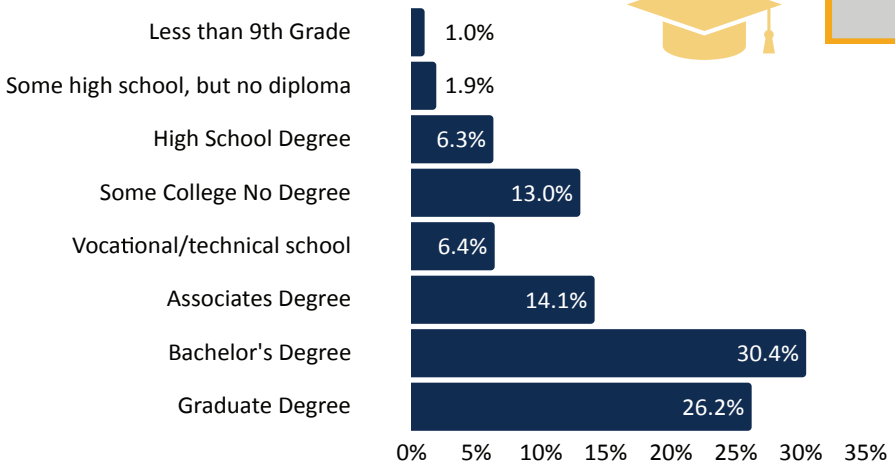


Employed, Full-Time **70.4%**

Veteran **8.4%**

Population Living with a Disability **30.4%**

Education



More demographic information of survey respondents is located in the Appendix.

Health Status

All survey respondents were asked a series of questions about their health status and their experience accessing medical, mental health and dental care within their community. Respondents' experiences varied widely.

The largest percentage of survey respondents who reported their personal health status as 'very unhealthy' and 'unhealthy' were from Osceola County (15.9%) and Orange County (9.0%). Approximately one in 14 (7.3%) survey respondents in Seminole County stated that their personal health is very unhealthy or unhealthy.

PERSONAL HEALTH STATUS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Very unhealthy	0.9%	1.0%	2.5%	1.7%	2.7%	**1.5%**
Unhealthy	6.3%	8.0%	13.4%	5.6%	11.9%	**8.5%**
Somewhat healthy	45.6%	37.0%	46.4%	38.1%	39.7%	**40.8%**
Healthy	33.3%	41.8%	31.8%	41.5%	35.9%	**37.8%**
Very healthy	13.2%	12.1%	4.9%	12.9%	9.8%	**11.0%**
Not sure	0.7%	0.1%	1.0%	0.2%	0.0%	**0.4%**

One in four (26.2%) survey respondents reported needing medical care in the past 12 months but not receiving it. Lake County had the highest percentage with nearly one in three survey respondents needing care (28.5%).

Every county has seen an increase in survey respondents needing medical care and not receiving it compared to the 2022 survey results, where approximately one in five respondents reported needing care. This could mean that access to care has decreased and more barriers may be present compared to 2022.

NEEDING MEDICAL CARE IN THE PAST I2 MONTHS BUT NOT RECEIVING IT

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
2025	28.5%	24.4%	25.7%	23.0%	37.3%	**26.2%**
2022	17.7%	19.5%	15.8%	20.3%	19.5%	**17.7%**

Overall, the top reasons why survey respondents from the region did not receive medical care when they needed it were: 1) cannot take time off work, 2) do not have insurance to cover medical care and 3) unable to find a doctor who knows or understands my culture, identity, beliefs or language.

REASONS NOT RECEIVING MEDICAL CARE

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Unable to schedule an appointment when needed	8.7%	4.2%	6.5%	5.2%	2.7%	**5.5%**
Not sure how to find a doctor	3.1%	0.0%	0.0%	0.9%	0.0%	**0.8%**
Unable to find a doctor who takes my insurance	6.3%	3.6%	4.7%	1.7%	1.4%	**3.7%**
Unable to afford to pay for care	10.2%	15.6%	9.3%	12.1%	15.1%	**12.7%**
Doctor's office does not have convenient hours	9.4%	5.7%	3.7%	5.2%	4.1%	**5.9%**
Transportation challenges	5.5%	2.6%	4.7%	3.4%	1.4%	**3.6%**
Do not have insurance to cover medical care	11.8%	18.2%	20.6%	17.2%	19.2%	**17.2%**
Cannot take time off work	18.9%	22.4%	22.4%	25.0%	23.3%	**22.3%**
Unable to find a doctor who knows or understands my culture, identity, beliefs or language	19.7%	18.8%	15.9%	11.2%	15.1%	**16.6%**
Other	6.3%	8.9%	12.1%	18.1%	17.8%	**11.7%**



Access to Care Barrier: Payor Type

The percentage of regional survey respondents who needed medical care and did not receive it in the past 12 months varied based on how the survey respondents pay for care. Nearly one in two survey respondents who pay cash or don't have insurance did not receive medical care when they needed it (48.3%). While the total number of survey respondents who have Indian Health Services was small, nearly all survey respondents indicated they did not receive medical care when they needed it. This could be because there is no Indian Health Services (IHS) clinic in the Central Florida region or providers do not accept IHS insurance.

This data represents the insurance type of survey respondents who needed medical care in the past 12 months but did not receive it.

ACCESS TO CARE BARRIER: PAYOR TYPE

Cash/ I don't have insurance	TRICARE	Medicare or Medicare HMO	Indian Health Services	Commercial health insurance (from employer)	Veteran's administration	Marketplace insurance plan	County health plan	I pay another way
48.3%	21.2%	20.9%	92.9%	22.2%	13.0%	33.3%	31.3%	23.0%

Nearly one in four survey respondents reported their mental health as 'fair' or 'poor.' Osceola County has the highest percentage of survey respondents reporting 'fair' or 'poor' mental health (26.9%), while Seminole County has the lowest (19.6%).

MENTAL HEALTH STATUS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Excellent	17.7%	16.2%	17.3%	14.1%	17.8%	**16.4%**
Very good	27.6%	31.2%	26.5%	37.2%	28.9%	**30.7%**
Good	32.3%	28.7%	27.4%	28.9%	26.6%	**29.0%**
Fair	17.9%	17.9%	20.7%	15.2%	21.1%	**18.1%**
Poor	3.8%	5.7%	6.2%	4.4%	5.0%	**5.1%**
Not sure	0.7%	0.3%	1.9%	0.2%	0.6%	**0.7%**

One in five survey respondents reported needing mental healthcare in the past 12 months but did not receive it (20.5%). Lake County survey respondents reported needing mental healthcare and not receiving it at a higher percentage compared to the other counties and it doubled since 2022. Osceola and Seminole counties survey respondents also experienced needing care and not receiving it at a slightly higher percentage than 2022. This may indicate that access to mental healthcare may be limited in each county and the region for a variety of reasons.

NEEDING MENTAL HEALTHCARE IN PAST 12 MONTHS BUT NOT RECEIVING IT

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
2025	23.1%	19.8%	18.3%	20.4%	23.3%	**20.5%**
2022	10.2%	20.6%	11.8%	17.4%	19.3%	**14.9%**

Overall, the top reasons why regional survey respondents did not receive mental healthcare when they needed it were: 1) unable to find a doctor who knows or understands their culture, identity, beliefs or language, 2) doctor's office does not have convenient hours and 3) unable to afford to pay for care.

REASONS NOT RECEIVING MENTAL HEALTHCARE

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Not sure how to find a doctor	2.8%	1.9%	1.2%	0.0%	2.2%	**2.0%**
Unable to afford to pay for care	8.5%	12.3%	12.0%	14.7%	15.2%	**12.2%**
Unable to schedule an appointment when needed	6.6%	3.2%	3.6%	5.9%	2.2%	**4.5%**
Transportation challenges	1.9%	0.0%	1.2%	0.0%	0.0%	**0.6%**
Do not have insurance to cover mental healthcare	8.5%	8.4%	9.6%	6.9%	13.0%	**8.7%**
Cannot take time off work	10.4%	7.7%	12.0%	6.9%	4.3%	**8.5%**
Fear of family or community opinion	4.7%	8.4%	6.0%	9.8%	8.7%	**7.5%**
Unable to find doctor/counselor who takes my insurance	9.4%	12.3%	6.0%	10.8%	10.9%	**10.2%**
Doctor's office does not have convenient hours	13.2%	12.9%	19.3%	20.6%	10.9%	**15.4%**
Unable to find a doctor who knows or understands my culture, identity, beliefs or language	23.6%	23.9%	18.1%	13.7%	19.6%	**20.3%**
Other	10.4%	9.0%	10.8%	8.8%	13.0%	**10.0%**

One in three regional survey respondents reported needing dental care in the past 12 months and not receiving it (30.5%).

NEEDING DENTAL CARE IN THE PAST 12 MONTHS BUT NOT RECEIVING IT

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
2025	32.3%	27.6%	36.5%	26.6%	35.6%	**30.5%**
2022	20.0%	23.8%	20.4%	24.4%	22.7%	**21.9%**

Overall, the top reasons why regional survey respondents did not receive dental healthcare when they needed it were: 1) unable to afford pay for care, 2) cannot take time off work and 3) unable to find a dentist who takes my insurance. In Lake County, the second top reason was being unable to find a doctor who knows or understands my culture, identity, beliefs or language and the third reason was being unable to take time off work.

REASONS NOT RECEIVING DENTAL CARE

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Unable to schedule an appointment when needed	3.5%	0.5%	2.7%	3.8%	1.4%	**2.3%**
Not sure how to find a dentist	6.3%	0.5%	0.7%	0.0%	0.0%	**1.6%**
Do not have insurance to cover dental care	6.3%	4.2%	8.7%	6.9%	2.9%	**6.0%**
Unable to afford pay for care	32.9%	28.8%	34.7%	31.5%	37.7%	**32.2%**
Dentist's office does not have convenient hours	7.7%	9.4%	6.7%	3.1%	4.3%	**6.8%**
Transportation challenges	6.3%	3.3%	6.7%	4.6%	2.9%	**4.8%**
Unable to find a dentist who takes my insurance	8.4%	14.6%	10.7%	12.3%	8.7%	**11.5%**
Cannot take time off work	9.1%	16.5%	12.0%	16.9%	20.3%	**14.5%**
Unable to find a doctor who knows or understands my culture, identity, beliefs or language	11.2%	10.4%	8.7%	9.2%	10.1%	**9.9%**
Other	8.4%	11.8%	8.7%	11.5%	11.6%	**10.4%**

Nearly one in five regional survey respondents (17.1%) have gone to a hospital emergency room in the past 12 months more than one time. Osceola County has the highest percentage of survey respondents who have used the emergency room five or more times in the past 12 months (2.3%).

GONE TO THE ER IN THE PAST 12 MONTHS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
1 time	21.5%	22.2%	21.0%	23.8%	20.3%	**22.0%**
2 times	19.0%	7.8%	10.1%	9.8%	6.8%	**10.7%**
3-4 times	2.6%	3.1%	8.4%	7.4%	6.2%	**5.1%**
5-9 times	0.7%	0.9%	2.3%	0.7%	1.1%	**1.1%**
10 or more	0.0%	0.4%	0.0%	0.0%	0.6%	**0.2%**
I have not gone to ER	56.2%	65.6%	58.2%	58.3%	65.0%	**60.9%**

The most common reasons survey respondents reported receiving care at a hospital emergency room were: 1) after hours/weekend, 2) long wait for an appointment with their regular doctor and 3) emergency/life-threatening situation. One in four survey respondents from Lake County who reported using a hospital emergency room in the past 12 months used it due to a long wait for an appointment with their regular doctor. This indicates that access to primary and/or specialty care in Lake County may be limited and people are seeking necessary care in an emergency room.

Additionally, one in four Osceola County survey respondents (25.7%) indicated they used a hospital emergency room due to after-hours/weekend, which may indicate that primary and/or urgent care providers may not have extended hours or be open outside of typical 9 to 5 business hours.

REASONS FOR RECEIVING CARE AT ER

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
After hours/weekend	19.8%	18.6%	25.7%	15.4%	16.1%	**19.3%**
I don't have a doctor/clinic	1.6%	3.5%	4.8%	2.6%	3.2%	**3.1%**
Long wait for an appointment with my regular doctor	24.6%	8.9%	10.8%	10.8%	6.5%	**12.9%**
Emergency/life-threatening situation	16.0%	5.0%	4.8%	13.8%	1.6%	**9.1%**
I don't have insurance	3.2%	4.7%	10.2%	4.6%	16.1%	**6.2%**
Other	8.6%	9.3%	6.0%	10.8%	11.3%	**9.0%**

All survey respondents were asked if their doctors have ever told them if they had a chronic disease from the list below. The top three reported health conditions for all counties were: 1) obesity (24.5%), 2) high blood pressure (16.5%) and 3) depression/anxiety (13.0%).

Nearly one in three Osceola County survey respondents (29.9%) reported being obese with one in five (20.8%) in Orange County. Additionally, in Osceola County, 10.8% of survey respondents reported having diabetes, which is the highest of all the counties.

SELF-REPORTED HEALTH CONDITIONS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
None of the above	31.1%	34.6%	22.8%	28.8%	27.8%	**30.0%**
Cancer	1.7%	2.0%	1.8%	0.4%	3.0%	**1.7%**
Heart disease	0.7%	0.7%	1.3%	0.7%	0.6%	**0.8%**
Depression/anxiety	11.2%	14.0%	9.4%	16.2%	12.45	**13.0%**
High blood pressure	16.5%	15.6%	16.3%	19.0%	14.2%	**16.5%**
Diabetes	7.5%	6.5%	10.8%	5.1%	7.1%	**7.2%**
Obesity	23.6%	20.8%	29.9%	25.7%	27.2%	**24.5%**
HIV/AIDs	0.2%	1.0%	0.8%	0.7%	0.0%	**0.7%**
Stroke	0.7%	1.3%	2.9%	0.4%	1.8%	**1.3%**
COPD	6.6%	3.5%	3.9%	3.1%	5.9%	**4.3%**

Health Behaviors

One in eight regional survey respondents (13.5%) reported using tobacco at least on some days or more. Lake County survey respondents had the highest percentage of tobacco users (18.7%) compared to the other counties.

TOBACCO USAGE, INCLUDING CHEWING TOBACCO, SNUFF, SNUS, DIP AND CIGARETTES

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
I don't use these product	81.3%	90.9%	88.6%	83.6%	84.0%	**86.5%**
On some days	11.9%	4.3%	4.2%	9.8%	4.1%	**6.9%**
Once a day	3.2%	2.5%	1.6%	3.1%	1.8%	**2.6%**
More than once a day	3.6%	2.3%	5.6%	3.5%	10.1%	**4.0%**

Nearly one in ten regional survey respondents (10.1%) reported using vaping products at least on some days or more. Similar to tobacco use above, Lake County has the highest percentage of vaping users (18.0%). This may indicate that targeted smoking and vaping prevention education and cessation programs may be needed in Lake County.

VAPING USAGE, INCLUDING E-CIGARETTES, VAPE PENS AND VAPE PIPES

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
I don't use these product	82.0%	92.1%	91.5%	91.2%	93.2%	**89.9%**
On some days	10.6%	3.9%	4.4%	5.6%	3.1%	**5.6%**
Once a day	4.7%	1.9%	0.3%	0.5%	0.0%	**1.7%**
More than once a day	2.7%	2.1%	3.8%	2.7%	3.7%	**2.8%**



Social Drivers

All survey respondents were asked questions related to Social Drivers of Health. Additional tables are in the Appendix. The following three food-related questions indicate that food insecurity may be an emerging need in 2025, especially in Osceola County.

Nearly 43.0% of all survey respondents have worried about food running out before money in the past 12 months at least some of the time. The highest percentage of respondents worried about food were located in Osceola County (53.4%) followed by Lake County (42.0%).

One in three survey respondents with a household income of $0 to $19,999 and $20,000 to $39,999 reported being worried about food running out before getting more money in the past 12 months. For comparison, only 3.8% of survey respondents with a household income of $90,000 to $149,999 reported being worried about food running out.

WORRIED ABOUT FOOD RUNNING OUT BEFORE MORE MONEY IN THE PAST 12 MONTHS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Often true	9.7%	10.1%	22.4%	9.1%	15.7%	**12.5%**
Sometimes true	32.3%	29.1%	31.0%	30.5%	29.7%	**30.4%**
Never true	58.0%	60.8%	46.6%	60.4%	54.6%	**57.1%**

One in three regional survey respondents (26.6%) reported that food purchased did not last and they did not have money for more food in the past 12 months. Osceola County has the highest percentage of survey respondents reporting 'often true' (18.1%) while Lake County has the highest percentage of survey respondents reporting 'sometimes true' (31.0%).

FOOD BOUGHT DID NOT LAST AND DON'T HAVE MONEY FOR MORE IN THE PAST 12 MONTHS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Often true	7.6%	8.1%	18.1%	7.3%	10.3%	**9.8%**
Sometimes true	31.0%	22.4%	29.2%	26.8%	26.6%	**26.6%**
Never true	61.4%	69.5%	52.7%	65.9%	63.1%	**63.6%**

One in four regional survey respondents (24.2%) reported they accessed emergency food in the past 12 months. One in three survey respondents from Osceola County (33.9%) accessed emergency food.

ACCESS EMERGENCY FOOD IN PAST 12 MONTHS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Yes	28.1%	19.1%	33.9%	18.4%	30.1%	**24.2%**
No	71.9%	80.9%	66.1%	81.6%	69.9%	**75.8%**

Community Health and Needs

All survey respondents were asked a series of questions related to community health and well-being. Overall, most survey respondents believe that their community is 'healthy' or 'very healthy." The highest percentage of respondents who believe their community is 'very unhealthy' or 'unhealthy' were from Osceola County (6.0%, 0.5%).

HEALTH OF THE COMMUNITY

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Very Unhealthy	1.4%	1.8%	6.0%	2.8%	4.5%	**2.9%**
Unhealthy	0.7%	0.1%	0.5%	0.2%	1.1%	**0.4%**
Somewhat Healthy	14.2%	12.0%	20.3%	8.7%	15.2%	**13.4%**
Healthy	52.6%	45.2%	46.9%	39.0%	46.6%	**45.7%**
Very Healthy	23.8%	33.2%	20.6%	42.6%	29.8%	**30.9%**
Not Sure	7.3%	7.7%	5.7%	6.7%	2.8%	**6.7%**

Survey respondents were asked to identify the top most harmful risky behaviors in their communities. Overall, the top five are the following:

1. Distracted driving (38.5%)
2. Not locking up guns (16.1%)
3. Vaping, cigarette, cigar, cigarillo or e-cigarette use (14.9%)
4. Poor eating habits (7.8%)
5. Unsafe sex including not using birth control (5.8%)

MOST HARMFUL RISKY BEHAVIORS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Alcohol abuse/drinking too much alcohol (beer, wine, spirits, mixed drinks)	1.3%	0.1%	0.2%	0.0%	0.0%	**0.3%**
Dropping out of school	0.7%	0.1%	0.0%	0.0%	0.0%	**0.2%**
Illegal drug use/abuse or misuse of prescription medications	2.2%	0.6%	1.3%	0.2%	2.0%	**1.1%**
Lack of exercise	2.4%	1.5%	2.0%	1.5%	1.0%	**1.7%**
Poor eating habits	9.7%	9.1%	5.5%	5.4%	9.1%	**7.8%**
Not getting "vaccines" to prevent disease	3.8%	4.8%	2.7%	4.6%	5.1%	**4.2%**
Not wearing helmets	1.8%	1.0%	2.0%	1.5%	2.5%	**1.6%**
Not using seatbelts/not using child safety seats	2.9%	3.1%	2.0%	1.2%	1.5%	**2.3%**
Vaping, cigarette, cigar, cigarillo or e-cigarette use	17.5%	12.6%	15.7%	13.3%	20.2%	**14.9%**
Unsafe sex including not using birth control	4.4%	7.1%	5.1%	5.6%	6.6%	**5.8%**
Distracted driving (texting, eating, talking on the phone)	36.7%	39.2%	42.8%	35.7%	36.9%	**38.5%**
Not locking up guns	11.1%	16.2%	15.3%	23.0%	12.1%	**16.1%**
Not seeing a doctor while you are pregnant	5.5%	4.5%	5.3%	8.1%	3.0%	**5.5%**

Survey respondents identified the top five most important health problems to address:

1. Illegal drug use/abuse of prescription medication and alcohol abuse/drinking too much (18.9%)
2. Mental health problems including suicide (15.9%)
3. Heart disease/stroke/high blood pressure (15.1%)
4. Motor vehicle crash injuries (12.3%)
5. Infant death (7.8%)

MOST IMPORTANT HEALTH PROBLEMS TO ADDRESS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Aging problems	0.9%	0.1%	0.2%	0.2%	0.5%	**0.3%**
Cancers	0.9%	0.1%	0.0%	0.2%	0.0%	**0.3%**
Child abuse/neglect	0.2%	0.3%	0.0%	0.0%	0.0%	**0.1%**
Clean environment /air and water quality	0.7%	0.4%	0.7%	0.2%	0.5%	**0.5%**
Climate change	0.7%	0.9%	0.2%	0.4%	0.5%	**0.6%**
Dental problems	0.9%	0.3%	0.7%	0.4%	0.0%	**0.5%**
Diabetes/high blood sugar	1.3%	1.3%	3.6%	1.2%	1.0%	**1.7%**
Domestic violence/rape/sexual assault/human trafficking	2.0%	1.8%	1.2%	1.9%	1.5%	**1.7%**
Gun related injuries	0.7%	1.4%	1.9%	1.9%	1.0%	**1.4%**
Being overweight	6.2%	5.5%	7.1%	3.5%	7.1%	**5.7%**
Mental health problems including suicide	11.7%	20.5%	12.6%	16.1%	14.1%	**15.9%**
Illegal drug use/abuse of prescription medication and alcohol abuse/drinking too much	24.1%	17.4%	17.1%	15.9%	23.7%	**18.9%**
Heart disease/stroke/high blood pressure	19.5%	14.0%	13.8%	15.1%	12.1%	**15.1%**
HIV/AIDS/STDs	3.3%	4.5%	4.0%	2.5%	4.0%	**3.7%**
Homicide	1.3%	2.7%	2.6%	4.3%	3.0%	**2.8%**
Infectious diseases like hepatitis, TB and COVID-19	5.8%	4.2%	6.7%	5.0%	2.5%	**5.0%**
Motor vehicle crash injuries	10.8%	12.2%	15.2%	11.0%	13.6%	**12.3%**
Infant death	2.0%	0.9%	1.0%	2.1%	1.0%	**7.8%**
Respiratory/lung disease	2.2%	2.8%	4.8%	4.8%	4.5%	**3.6%**
Teenage pregnancy	2.9%	2.6%	4.0%	5.2%	2.5%	**3.4%**
Maternal mortality/maternal health	2.0%	6.4%	2.6%	8.3%	6.1%	**5.2%**

Survey respondents identified the top five most important factors to improve quality of life:

1. Strong community/community knows and supports each other (16.5%)
2. Access to low-cost healthy food (16.4%)
3. Healthy behaviors and lifestyles (11.4%)
4. Religious or spiritual values (8.5%)
5. Good jobs and healthy economy (8.4%)

MOST IMPORTANT FACTORS TO IMPROVE QUALITY OF LIFE

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Good place to raise children	0.0%	0.0%	0.0%	0.2%	0.0%	**0.0%**
Low crime/safe neighborhoods	0.2%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Good schools	0.9%	0.1%	0.7%	0.2%	0.0%	**0.4%**
Access to healthcare	1.1%	0.9%	0.9%	0.0%	0.0%	**0.7%**
Park and recreation	0.7%	0.5%	0.4%	1.7%	0.5%	**0.7%**
Clean environment/air and water quality	1.1%	0.8%	0.7%	1.4%	0.5%	**0.9%**
Low-cost housing	1.3%	1.8%	3.7%	1.7%	2.0%	**2.1%**
Arts and culture events	0.7%	0.8%	0.2%	0.6%	0.5%	**0.6%**
Low-cost health insurance	2.0%	4.1%	4.4%	4.1%	6.1%	**3.9%**
Tolerance/embracing diversity	1.3%	1.5%	0.9%	1.4%	1.5%	**1.4%**
Good jobs and healthy economy	8.2%	10.0%	7.0%	7.2%	9.1%	**8.4%**
Strong family life	4.0%	4.9%	3.3%	3.1%	7.6%	**4.3%**
Access to low-cost healthy food	18.6%	14.6%	18.1%	16.3%	15.2%	**16.4%**
Healthy behaviors and lifestyles	13.9%	11.7%	7.3%	12.4%	12.1%	**11.4%**
Sidewalks/walking safety	2.0%	3.6%	6.6%	2.3%	4.5%	**3.7%**
Public transportation /community transportation	5.8%	8.8%	9.5%	7.9%	4.5%	**7.8%**
Religious or spiritual values	9.3%	7.7%	8.8%	7.6%	11.1%	**8.5%**
Disaster preparedness	0.4%	1.8%	3.7%	2.9%	1.5%	**2.1%**
Emergency medical services	3.8%	3.2%	2.9%	4.8%	3.5%	**3.6%**
Access to good health information	6.4%	7.1%	7.3%	6.2%	3.5%	**6.5%**
Strong community/community knows and supports each other	18.4%	16.2%	13.7%	18.0%	16.7%	**16.5%**

Children

Survey respondents with children were asked a series of questions related to accessing care and services for their children. Over half of all respondents indicated they had children under the age of 18 living at home. The highest percentage of respondents with children were in Seminole County (54.8%) and Lake County (54.7%).

NUMBER OF CHILDREN AT HOME

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
None	45.3%	49.0%	56.3%	45.2%	55.8%	**49.5%**
1	31.2%	23.3%	21.5%	28.7%	21.2%	**25.4%**
2	14.5%	19.3%	16.3%	21.0%	14.3%	**17.7%**
3	7.0%	5.4%	3.7%	3.5%	4.1%	**4.9%**
4	1.2%	2.0%	1.8%	0.4%	4.1%	**1.7%**
5	0.4%	1.0%	0.2%	1.2%	0.5%	**0.7%**
6 or more	0.4%	0.0%	0.2%	0.0%	0.0%	**0.1%**

One in five regional survey respondents (22.5%) reported that their child needed medical care in the past 12 months but did not receive it. This is over twice the number compared to survey respondents in 2022. Lake County (30.6%) and Osceola County (26.3%) had the highest percentage of children needing medical care and not receiving it. This may indicate access to care barriers have increased in recent years.

CHILD NEEDING MEDICAL CARE BUT DID NOT RECEIVE IT IN THE PAST 12 MONTHS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
2025	30.6%	21.3%	26.3%	14.1%	21.9%	**22.5%**
2022	4.7%	7.9%	9.0%	5.2%	10.6%	**8.0%**



The top reasons why regional survey respondents were not able to receive medical care for their child were: 1) transportation challenges, 2) unable to schedule an appointment when needed and 3) unable to find a doctor who knows or understands my culture, identity, beliefs or language.

REASONS WHY CHILD DID NOT RECEIVE MEDICAL CARE

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Not sure how to find a doctor	2.4%	1.1%	0.0%	2.4%	0.0%	**1.3%**
Unable to afford to pay for care	3.6%	5.3%	5.2%	4.9%	9.5%	**5.0%**
Cannot take time off work	4.8%	5.3%	0.0%	4.9%	4.8%	**4.0%**
Unable to find a doctor who takes my insurance	8.4%	4.2%	8.6%	2.4%	9.5%	**6.4%**
Cannot take children out of class	6.0%	3.2%	0.0%	7.3%	0.0%	**3.7%**
Do not have insurance to cover medical care	13.3%	14.7%	15.5%	9.8%	19.0%	**14.1%**
Doctor's office does not have convenient hours	8.4%	6.3%	12.1%	4.9%	4.8%	**7.7%**
Transportation challenges	20.5%	36.8%	25.9%	31.7%	33.3%	**29.2%**
Unable to schedule an appointment when needed	20.5%	36.8%	25.9%	31.7%	33.3%	**29.2%**
Unable to find a doctor who knows or understands my culture, identity, beliefs or language	20.5%	12.6%	15.5%	14.6%	9.5%	**15.4%**
Other	3.6%	6.3%	13.8%	9.8%	9.5%	**7.7%**

One in four survey respondents reported that their child needed dental care in the past 12 months but did not receive it, twice the number compared to 2022 survey respondents.

One in three survey respondents in Lake County reported their child needed dental care and did not receive it while only 15.1% of survey respondents in Seminole County reported needing dental care. This indicates that dental care for children may have access to care barriers, but it varies across the different counties.

CHILD NEEDING DENTAL CARE BUT DID NOT RECEIVE IT IN THE PAST 12 MONTHS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
2025	36.0%	25.2%	26.4%	15.1%	18.8%	**24.9%**
2022	15.5%	11.0%	11.0%	10.5%	9.1%	**11.1%**

The top reasons why regional survey respondents were not able to receive dental care for their children were: 1) unable to schedule an appointment when needed, 2) do not have insurance to cover dental care and 3) unable to find a dentist who takes my insurance. This may indicate that many families may experience financial barriers to accessing dental care for their children.

REASONS WHY CHILD DID NOT RECEIVE DENTAL CARE

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Not sure how to find a dentist	5.4%	0.9%	0.0%	2.3%	0.0%	**2.2%**
Unable to afford to pay for care	8.7%	8.3%	5.5%	7.0%	11.1%	**7.9%**
Cannot take time off work	2.2%	2.8%	5.5%	7.0%	5.6%	**3.8%**
Unable to find a dentist who takes my insurance	13.0%	10.2%	16.4%	9.3%	16.7%	**12.3%**
Cannot take children out of class	2.2%	1.9%	1.8%	0.0%	0.0%	**1.6%**
Do not have insurance to cover dental care	8.7%	17.6%	23.6%	18.6%	22.2%	**16.5%**
Dentist's office does not have convenient hours	7.6%	5.6%	3.6%	11.6%	5.6%	**6.6%**
Transportation challenges	9.8%	6.5%	1.8%	2.3%	5.6%	**6.0%**
Unable to schedule an appointment when needed	19.6%	29.6%	25.5%	27.9%	16.7%	**25.0%**
Unable to find a dentist who knows or understands my culture, identity, beliefs or language	15.2%	11.1%	5.5%	2.3%	5.6%	**9.8%**
Other	7.6%	5.6%	10.9%	11.6%	11.1%	**8.2%**

One in five survey respondents (21.2%) reported their child needed mental or behavioral healthcare in the past 12 months but did not receive it. This is over twice the number compared to 2022 survey respondents (9.4%). Lake County had the highest percentage of children needing services and not receiving them (29.4%).

CHILD NEEDING MENTAL OR BEHAVIORAL HEALTHCARE IN THE PAST 12 MONTHS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
2025	29.4%	22.1%	22.1%	13.3%	16.0%	**21.2%**
2022	13.1%	9.9%	7.7%	11.5%	13.6%	**9.4%**

The top reasons why regional survey respondents were not able to receive mental or behavioral healthcare for their children were: 1) unable to find a doctor/counselor who takes my insurance, 2) unable to find a doctor/counselor who knows my culture or understands my identity, beliefs or language and 3) unable to schedule an appointment when needed.

REASONS WHY CHILD DID NOT RECEIVE MENTAL OR BEHAVIORAL HEALTHCARE

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Not sure how to find a doctor/counselor	3.6%	2.0%	0.0%	4.9%	0.0%	**2.4%**
Unable to afford to pay for care	3.6%	2.0%	0.0%	2.4%	5.9%	**2.4%**
Cannot take time off work	3.6%	1.0%	2.1%	4.9%	5.9%	**2.8%**
Afraid of what people might think	3.6%	0.0%	4.2%	0.0%	0.0%	**1.7%**
Do not have insurance to cover mental healthcare	7.2%	6.1%	6.3%	9.8%	11.8%	**7.3%**
Cannot take child out of class	7.2%	0.0%	2.1%	0.0%	11.8%	**3.1%**
Unable to schedule an appointment when needed	9.6%	24.5%	10.4%	9.8%	11.8%	**15.0%**
Transportation challenges	3.6%	1.0%	0.0%	0.0%	0.0%	**1.4%**
Doctor/counselor's office does not have convenient hours	10.8%	10.2%	8.3%	17.1%	5.9%	**10.8%**
Unable to find a doctor/counselor who takes my insurance	21.7%	24.5%	25.0%	29.3%	17.6%	**24.0%**
Unable to find a doctor/counselor who knows or understands my culture, identity, beliefs or language	15.7%	14.3%	25.0%	9.8%	11.8%	**15.7%**
Other	9.6%	14.3%	16.7%	12.2%	17.6%	**13.2%**

Survey respondents identified the top five most important health needs for children:

1. Physical activity (15.9%)
2. Healthy food/nutrition (14.9%)
3. Vaping, cigarette, cigar, cigarillo or e-cigarette (13.5%)
4. Suicide prevention (11.9%)
5. Mental or behavioral health (10.3%)

MOST IMPORTANT HEALTH NEEDS FOR CHILDREN

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Accidents and injuries	1.2%	0.0%	0.0%	0.4%	0.0%	**0.3%**
Asthma	0.8%	0.0%	0.5%	0.4%	0.0%	**0.3%**
Respiratory health other than asthma (RSV, cystic fibrosis)	0.8%	0.3%	0.0%	0.0%	0.0%	**0.3%**
Dental care	1.6%	0.0%	0.5%	0.0%	0.0%	**0.4%**
Diabetes	0.4%	0.0%	0.5%	0.4%	0.0%	**0.3%**
Drug and alcohol use	0.8%	0.0%	0.0%	0.4%	0.0%	**0.3%**
Eye health (vision)	0.4%	1.8%	0.5%	1.1%	1.2%	**1.1%**
Healthy pregnancies and childbirth (not teen pregnancy)	1.2%	0.3%	0.0%	0.0%	0.0%	**0.3%**
Immunizations (common childhood vaccines, like mumps, measles, chickenpox, etc.)	1.6%	0.8%	2.1%	0.8%	1.2%	**1.2%**
Infectious diseases (including COVID-19)	0.8%	0.8%	2.1%	1.1%	1.2%	**1.1%**
Special needs (physical, chronic, behavioral, developmental, emotional)	1.6%	1.0%	0.5%	1.9%	2.4%	**1.4%**
Medically complex	2.0%	0.3%	0.0%	1.5%	0.0%	**0.9%**
Attention-deficit/hyperactivity disorder (ADHD)	2.0%	1.3%	3.6%	3.1%	2.4%	**2.3%**
Mental or behavioral health	9.8%	11.3%	8.3%	10.7%	10.6%	**10.3%**
Healthy food/nutrition	11.0%	18.6%	15.0%	13.4%	14.1%	**14.9%**
Obesity	6.9%	8.6%	7.3%	12.6%	9.4%	**9.0%**
Physical activity	15.9%	16.0%	18.7%	15.3%	11.8%	**15.9%**
Safe sex practices and teen pregnancy	6.5%	6.8%	7.3%	11.5%	5.9%	**7.8%**
Sexual identity of child	2.4%	5.0%	1.0%	6.5%	1.2%	**3.9%**
Suicide prevention	15.9%	10.7%	12.4%	9.2%	12.9%	**11.9%**
Vaping, cigarette, cigar, cigarillo or e-cigarette use	14.7%	12.6%	16.6%	8.8%	22.4%	**13.5%**
Other	1.2%	3.9%	3.1%	1.1%	3.5%	**2.6%**

Survey respondents identified the top five most important needs or concerns that affect child health:

1. Social media (21.1%)
2. Safe neighborhoods and places for children to play (14.2%)
3. Hunger or access to healthy food (10.9%)
4. Parenting education (10.3%)
5. Traffic safety (7.9%)

OTHER IMPORTANT NEEDS OR CONCERNS THAT AFFECT CHILD HEALTH

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Access to benefit (medical, WIC, SNAP/food stamps)	1.6%	0.0%	0.5%	0.4%	0.0%	**0.5%**
Access to or cost of childcare	0.4%	0.0%	0.5%	0.0%	0.0%	**0.2%**
Bullying and other stressors in school	0.8%	0.5%	1.5%	0.0%	0.0%	**0.6%**
Domestic violence, child abuse and/or child neglect	1.6%	0.5%	0.5%	2.3%	2.3%	**1.3%**
Crime and community violence	1.6%	0.8%	1.0%	1.1%	1.2%	**1.1%**
Educational needs	1.2%	3.9%	2.6%	2.3%	3.5%	**2.7%**
Family member alcohol or drug use	1.6%	1.6%	2.1%	0.8%	1.2%	**1.4%**
Housing	4.5%	4.4%	8.2%	6.4%	3.5%	**5.4%**
Human trafficking	5.3%	3.9%	2.1%	3.8%	2.3%	**3.7%**
Hunger or access to healthy food	14.6%	10.9%	9.2%	8.6%	10.5%	**10.9%**
Lack of employment opportunities	4.1%	3.9%	5.1%	3.8%	3.5%	**4.1%**
Legal problems	0.8%	0.5%	1.5%	3.0%	1.2%	**1.4%**
Language barriers	1.6%	3.9%	7.7%	3.8%	0.0%	**3.7%**
Parenting education (parenting skills for child development)	7.3%	12.0%	5.1%	11.3%	5.8%	**10.3%**
Safe neighborhoods and places for children to play	14.2%	13.8%	14.9%	12.4%	19.8%	**14.2%**
Social media	21.5%	20.1%	20.5%	21.4%	24.4%	**21.1%**
Traffic safety	7.3%	8.9%	7.2%	6.8%	10.5%	**7.9%**
Transportation challenges	7.7%	7.6%	6.7%	7.9%	4.7%	**7.3%**
Other	2.0%	2.9%	3.1%	4.1%	5.8%	**3.2%**

Social Connectedness and Experience

Survey respondents were asked a series of questions regarding social connectedness and lived experiences within their communities. A greater percentage of survey respondents in each county and the region as a whole experienced being treated with less courtesy or respect or being criticized for their accent or the way they speak more frequently (at least once a week) than other forms of bias or discrimination.



HOW OFTEN HAVE THE FOLLOWING HAPPENED TO YOU

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Treated with Less Courtesy or Respect						
At least once a week	11.0%	11.6%	11.3%	11.0%	19.1%	**11.9%**
A few times a month	23.5%	13.3%	15.7%	12.4%	9.3%	**15.2%**
A few times a year	26.3%	36.8%	30.0%	36.6%	35.2%	**33.3%**
Never	39.2%	38.3%	43.0%	40.0%	36.4%	**39.6%**
Receive Poor Service Than Other People						
At least once a week	7.8%	4.5%	4.7%	2.1%	6.8%	**4.8%**
A few times a month	5.8%	6.8%	9.5%	5.8%	5.0%	**6.8%**
A few times a year	25.3%	34.7%	28.7%	33.7%	33.3%	**31.5%**
Never	61.1%	54.0%	57.1%	58.4%	54.9%	**56.9%**
People Act as if They Think You Are Not Smart						
At least once a week	8.0%	6.6%	8.0%	6.3%	10.5%	**7.4%**
A few times a month	14.6%	8.9%	9.7%	8.8%	6.2%	**9.9%**
A few times a year	24.6%	30.9%	27.7%	29.0%	27.8%	**28.4%**
Never	52.8%	53.6%	54.6%	55.9%	55.5%	**54.3%**
Act as if They Are Afraid of You						
At least once a week	5.3%	3.2%	2.3%	2.5%	3.1%	**3.2%**
A few times a month	6.8%	5.2%	3.8%	3.1%	3.1%	**4.6%**
A few times a year	14.3%	13.8%	10.5%	13.5%	11.7%	**13.1%**
Never	73.6%	77.8%	83.4%	80.9%	82.1%	**79.1%**
You Are Threatened or Harassed						
At least once a week	2.5%	2.8%	2.3%	2.3%	1.9%	**2.4%**
A few times a month	11.5%	4.9%	3.5%	3.9%	1.9%	**5.5%**
A few times a year	16.6%	19.3%	13.3%	17.5%	22.8%	**17.5%**
Never	69.4%	73.0%	80.9%	76.3%	73.4%	**74.6%**
Not Treated Fairly by One or More Parts of the Judicial System						
At least once a week	3.0%	2.6%	1.3%	1.3%	1.2%	**2.0%**
A few times a month	6.5%	2.7%	2.0%	3.6%	2.5%	**3.5%**
A few times a year	9.3%	12.0%	10.0%	8.6%	9.3%	**10.2%**
Never	81.2%	82.7%	86.7%	86.5%	87.0%	**84.3%**

The primary reason that people experience the above bias or discrimination is related to their age, some other aspect of their physical appearance, gender, or race.

REASON FOR EXPERIENCE

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Ancestry or national origins	2.4%	4.4%	12.0%	4.5%	11.1%	**6.0%**
Race	7.5%	15.6%	15.5%	8.4%	14.3%	**12.4%**
Religion	3.1%	3.0%	2.2%	1.3%	0.0%	**2.3%**
Weight	8.6%	5.0%	6.3%	4.5%	4.8%	**5.7%**
Gender	14.4%	15.4%	10.4%	12.4%	10.3%	**13.2%**
Age	25.7%	19.8%	17.1%	19.7%	23.8%	**20.6%**
Sexual orientation	2.7%	4.6%	2.2%	2.1%	1.6%	**3.0%**
Height	3.4%	5.3%	3.8%	2.6%	5.6%	**4.1%**
Physical disability	5.1%	4.8%	3.5%	6.1%	4.0%	**4.8%**
Some other aspect of your physical appearance	12.0%	11.7%	15.2%	25.3%	16.7%	**15.8%**
Political beliefs or party affiliation	15.1%	10.4%	11.7%	13.2%	7.9%	**11.9%**

All survey respondents were asked if they were aware of and used various health-related social needs referral services, websites and platforms, such as Findhelp, 211 and more. Over half of the survey respondents were unaware of these types of resources and have not used them. This indicates an opportunity to increase awareness of these community resources so more people are aware and could use the resources and services as needed.

AWARENESS OF SERVICES[77]

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Not aware and have not used these resources	55.7%	45.9%	57.2%	47.8%	50.9%	**50.6%**
Aware of these resources but have not used them	23.1%	38.2%	24.5%	36.8%	29.7%	**31.9%**
Aware of these resources and have used them	15.7%	11.7%	10.4%	10.3%	10.3%	**11.8%**
I don't know	5.0%	2.8%	6.0%	3.3%	5.5%	**4.2%**
Other	0.5%	1.4%	1.9%	1.8%	3.6%	**1.5%**

[77] *Awareness and use of health-related social needs referral services, websites and platforms. (For example, Findhelp, 211, Unite Us, Whole Health Hub, OCPS Connect, HUBB by Healthy West Orange, Orange County Library System Social Worker Assistance Program).*

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood (0-17).[78] Nearly two in three (64.0%) adults reported experiencing at least one type of ACE before age 19. One in six (17.3%) adults reported experiencing four or more types of ACEs.

Examples of ACEs include:

- Experiencing violence, abuse or neglect
- Witnessing violence in the home or community
- Having a family member attempt or die by suicide

The community survey asked survey respondents about any ACEs they may have experienced during childhood. The following section highlights data from both the 2022 and 2025 survey.

Survey Results

Nearly one in three (29.0%) survey respondents in the four-county region reported experiencing four or more ACEs. In 2022, 13.9% of respondents in the region reported four or more ACEs.

FOUR OR MORE ADVERSE CHILDHOOD EXPERIENCES

	Lake County	Orange County	Osceola County	Seminole County	Total
2025	24.9%	29.8%	28.7%	31.7%	**29.0%**
2022	15.0%	16.6%	11.7%	16.1%	**13.9%**

The most common ACEs that survey respondents experience include:

- Parent(s) separated or divorced
- Parent(s) or adult verbally harmed you
- Lived with anyone who was a problem drinker or alcoholic
- Lived with anyone who was depressed, mentally ill or suicidal

While there were no major differences between 2022 and 2025 for each of the ACEs, there has been some change between the two CHNA cycle years. For almost all the counties and the region, more survey respondents have reported experiencing the following:

- Lived with anyone who served time or was sentenced to serve time in prison, jail or other correctional facility
- Lived with anyone who used illegal street drugs or who abused prescription medication

[78] *CDC. About Adverse Childhood Experiences. https://www.cdc.gov/aces/about/index.html*

ADVERSE CHILDHOOD EXPERIENCES BY COUNTY, 2022 AND 2025

	Lake County		Orange County		Osceola County		Seminole County		Total	
ACE	**2022**	**2025**	**2022**	**2025**	**2022**	**2025**	**2022**	**2025**	**2022**	**2025**
Lived with anyone who was depressed, mentally ill, or suicidal	41.1%	35.4%	45.3%	41.2%	32.5%	29.8%	46.3%	36.2%	**38.7%**	**36.6%**
Lived with anyone who was a problem drinker or alcoholic	39.7%	38.2%	35.3%	36.0%	37.1%	36.0%	48.9%	46.3%	**39.1%**	**39.0%**
Lived with anyone who used illegal street drugs or who abused prescription medications	13.5%	22.9%	17.1%	19.0%	14.0%	20.0%	18.3%	17.1%	**15.5%**	**19.5%**
Lived with anyone who served time or was sentenced to serve time in prison, jail, or other correctional facility	7.8%	22.2%	12.5%	12.9%	8.2%	14.9%	10.3%	12.4%	**9.6%**	**15.1%**
Parent(s) were separated or divorced	44.7%	43.1%	59.6%	43.4%	53.2%	50.5%	39.2%	43.8%	**51.4%**	**44.8%**
Parent(s) or adults experienced physical harm	21.3%	25.7%	22.0%	22.6%	17.3%	25.5%	23.5%	26.7%	**19.9%**	**24.8%**
Parent(s) or adults physically harmed you	28.4%	28.1%	29.7%	30.1%	25.4%	28.7%	33.8%	27.0%	**28.2%**	**28.6%**
Parent(s) or adult verbally harmed you	42.6%	36.1%	41.2%	45.7%	33.3%	43.6%	44.7%	39.0%	**38.0%**	**41.7%**
Adult or anyone at least 5 years older touched you sexually	27.7%	23.6%	24.8%	23.0%	19.6%	25.1%	22.2%	21.3%	**22.0%**	**23.1%**
Adult or anyone at least 5 years older made you touch them sexually	17.7%	10.4%	12.5%	10.1%	11.1%	12.0%	11.3%	8.1%	**12.0%**	**10.0%**
Adult or anyone at least 5 years old forced you to have sex	8.5%	7.3%	7.7%	8.3%	6.4%	10.5%	6.4%	7.6%	**6.9%**	**8.3%**

ACEs vary across each race in the four-county region. Please note that the sample size for some of the racial groups is small and may not be an accurate representation of the population.

FOUR OR MORE ADVERSE CHILDHOOD EXPERIENCES BY RACE, 2022 AND 2025

	More Than One Race	Black/African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	White
2025	40.8%	29.7%	73.7%	39.1%	54.5%	34.6%
2022	19.4%	14.4%	13.3%	6.9%	30.0%	15.0%

ADVERSE CHILDHOOD EXPERIENCES BY RACE, 2022 AND 2025

	More Than One Race		Black/African American		American Indian or Alaska Native	
ACE	**2022**	**2025**	**2022**	**2025**	**2022**	**2025**
Lived with anyone who was depressed, mentally ill, or suicidal	36.6%	47.6%	32.8%	32.3%	66.7%	47.1%
Lived with anyone who was a problem drinker or alcoholic	42.5%	35.2%	31.5%	33.3%	33.3%	41.2%
Lived with anyone who used illegal street drugs or who abused prescription medications	20.9%	23.8%	18.2%	21.4%	16.7%	41.2%
Lived with anyone who served time or was sentenced to serve time in prison, jail, or other correctional facility	14.2%	16.2%	14.6%	18.4%	16.7%	29.4%
Parent(s) were separated or divorced	63.4%	56.2%	63.1%	56.7%	50.0%	29.4%
Parent(s) or adults experienced physical harm	26.1%	33.3%	25.3%	25.4%	16.7%	41.2%
Parent(s) or adults physically harmed you	32.8%	34.3%	20.7%	21.4%	33.3%	35.3%
Parent(s) or adult verbally harmed you	43.3%	41.9%	33.3%	27.9%	33.3%	82.4%
Adult or anyone at least 5 years older touched you sexually	20.9%	21.9%	24.2%	25.4%	0.0%	23.5%
Adult or anyone at least 5 years older made you touch them sexually	13.4%	14.3%	12.1%	10.4%	16.7%	5.9%
Adult or anyone at least 5 years older forced you to have sex	9.0%	7.6%	6.1%	8.5%	0.0%	0.0%

ADVERSE CHILDHOOD EXPERIENCES BY RACE, 2022 AND 2025

	Asian		Native Hawaiian or Pacific Islander		White	
ACE	**2022**	**2025**	**2022**	**2025**	**2022**	**2025**
Lived with anyone who was depressed, mentally ill, or suicidal	28.6%	42.9%	50.0%	12.5%	41.1%	40.0%
Lived with anyone who was a problem drinker or alcoholic	28.6%	37.1%	25.0%	25.0%	41.5%	40.3%
Lived with anyone who used illegal street drugs or who abused prescription medications	7.1%	17.1%	0.0%	12.5%	15.6%	17.4%
Lived with anyone who served time or was sentenced to serve time in prison, jail, or other correctional facility	0.0%	11.4%	12.5%	12.5%	8.7%	12.1%
Parent(s) were separated or divorced	25.0%	22.9%	75.0%	25.0%	47.2%	42.2%
Parent(s) or adults experienced physical harm	17.9%	25.7%	12.5%	37.5%	19.1%	21.8%
Parent(s) or adults physically harmed you	42.9%	37.1%	0.0%	50.0%	29.8%	28.0%
Parent(s) or adult verbally harmed you	46.4%	65.7%	25.0%	75.0%	40.3%	43.5%
Adult or anyone at least 5 years older touched you sexually	17.9%	28.6%	25.0%	12.5%	23.5%	20.7%
Adult or anyone at least 5 years older made you touch them sexually	10.7%	14.3%	0.0%	0.0%	12.5%	10.0%
Adult or anyone at least 5 years older forced you to have sex	3.6%	8.6%	0.0%	0.0%	7.2%	4.9%

FOUR OR MORE ADVERSE CHILDHOOD EXPERIENCES BY ETHNICITY, 2022 AND 2025

	Hispanic/Latino	Not Hispanic or Latino
2025	34.7%	36.3%
2022	11.4%	15.9%

ADVERSE CHILDHOOD EXPERIENCES BY ETHNICITY, 2022 AND 2025

	Hispanic/Latino		Not Hispanic or Latino	
ACE	**2022**	**2025**	**2022**	**2025**
Lived with anyone who was depressed, mentally ill, or suicidal	28.8%	34.8%	44.0%	40.1%
Lived with anyone who was a problem drinker or alcoholic	32.7%	46.0%	43.1%	37.4%
Lived with anyone who used illegal street drugs or who abused prescription medications	13.7%	25.8%	17.2%	18.7%
Lived with anyone who served time or was sentenced to serve time in prison, jail or other correctional facility	9.7%	20.7%	10.0%	14.0%
Parent(s) were separated or divorced	61.9%	45.0%	45.7%	44.5%
Parent(s) or adults experienced physical harm	20.0%	33.3%	20.0%	22.8%
Parent(s) or adults physically harmed you	23.4%	33.1%	31.0%	28.0%
Parent(s) or adult verbally harmed you	28.0%	39.4%	44.3%	43.7%
Adult or anyone at least 5 years older touched you sexually	16.8%	29.0%	25.0%	22.2%
Adult or anyone at least 5 years older made you touch them sexually	10.2%	10.0%	13.0%	10.4%
Adult or anyone at least 5 years older forced you to have sex	5.1%	15.8%	7.8%	5.3%





Prioritization

CHAPTER 6

Needs Prioritization Process



Needs Prioritization Process

Community needs were identified at the regional and county-level after the analysis of the primary and secondary quantitative and qualitative data. For the CFC Region, 48 regional needs were identified. A modified Hanlon Method was used to conduct the needs prioritization process for each of the counties and the CFC region. The Hanlon Method is an evidence-based technique which objectively takes into consideration explicitly defined criteria and feasibility factors. A detailed description of the method is outlined in Appendix G.

Top 15 Community Needs

1. Food insecurity, with a focus on affordable, healthy foods
2. Affordable housing for all, including older adults
3. Jobs with livable wages
4. Access to outpatient mental health services
5. Support for medically underserved populations[79]
6. Improved care coordination among healthcare providers
7. Expanded maternal and prenatal healthcare
8. Better communication between healthcare organizations and nonprofits
9. Case management for complex medical and social needs
10. Programs for chronic disease prevention and education
11. Behavioral health services for the uninsured
12. Improved health literacy resources
13. Linguistically and culturally appropriate healthcare services and resources
14. Accessible transportation for medical appointments and public needs
15. Affordable childcare services

[79] *From the IRS: "Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers." Source: https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3*

Top 15 Community Needs by Social Driver of Health

Economic Stability

- Food insecurity, with a focus on affordable, healthy foods
- Affordable housing for all, including older adults
- Jobs with livable wages
- Affordable childcare services

Healthcare Access and Quality

- Access to outpatient mental health services
- Improved care coordination among healthcare providers
- Expanded maternal and prenatal healthcare
- Better communication between healthcare organizations and nonprofits
- Case management for complex medical and social needs
- Programs for chronic disease prevention and education
- Behavioral health services for the uninsured

Neighborhood and Built Environment

- Accessible transportation for medical appointments and public needs

Social and Community Context

- Support for medically underserved populations[80]
- Improved health literacy resources
- Linguistically and culturally appropriate healthcare services and resource

[80] *From the IRS: "Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers." Source: https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3*

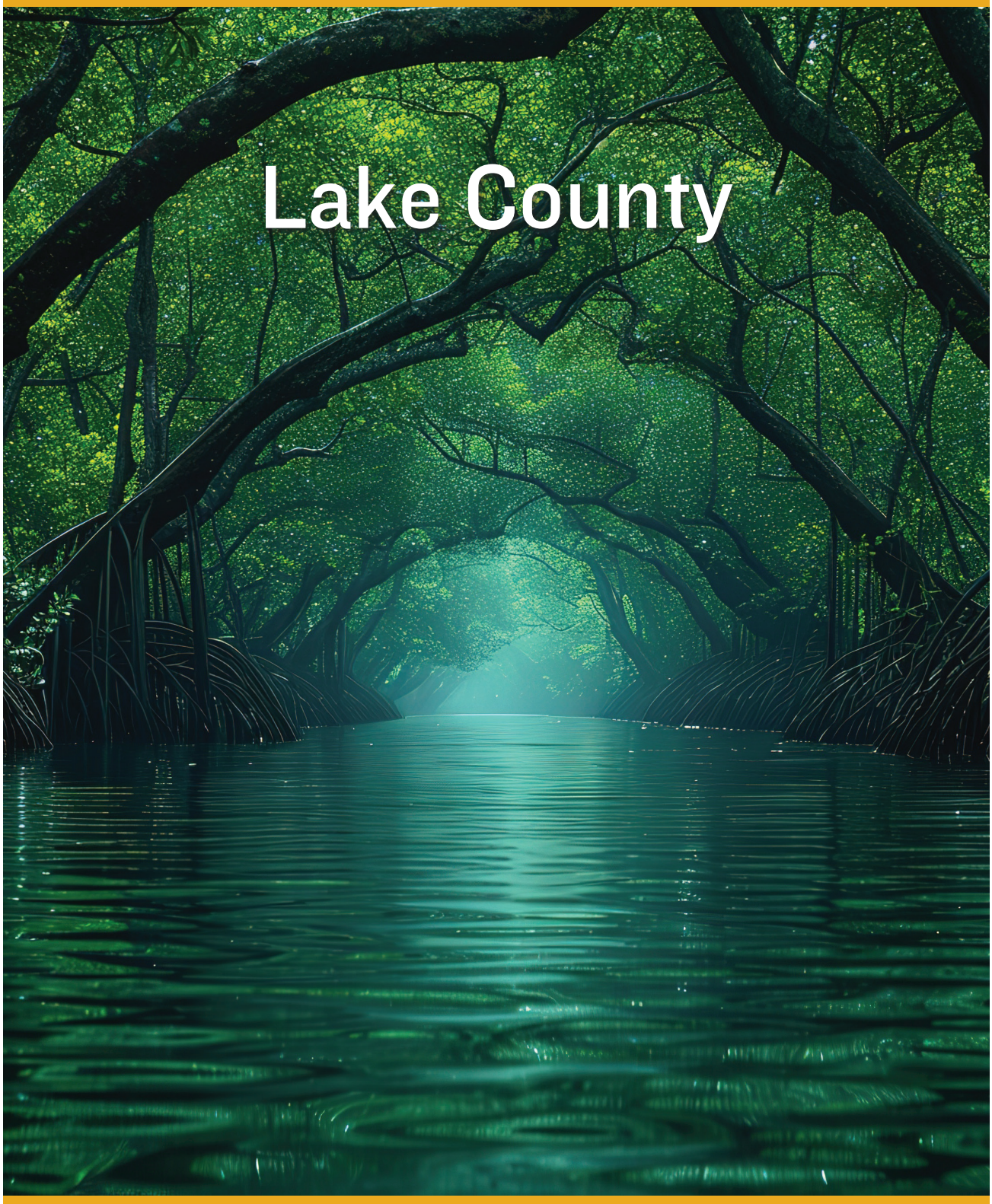


Review

CHAPTER 7

County Profiles





Lake County

Lake County Profile

Methodology

The CFC CHNA had a comprehensive methodology that included a mixed method approach consisting of the following components:

- **Data Analysis:** In-depth review of dozens of validated data sources. Information was tabulated and parsed to identify disparities and other insights whenever possible.
- **Primary Qualitative Research:** This component included focus group discussions and key stakeholder interviews.
- **Survey Research:** The community survey provided insights by county on a breadth of key CHNA issues.
- **Access Audit:** "Mystery shopper" calls were conducted during the Access Audit to illuminate real-life customer service and access to care issues.
- **Prioritization Process:** The CFC leadership and approximately 12 to 15 stakeholders in each county participated in a modified Hanlon Method[81], an evidence-based approach which objectively takes into consideration explicitly defined criteria and feasibility factors. The needs prioritization process was conducted at the regional level and at the county level.

Community Engagement



[81] *NACCHO. Guide to Prioritization Techniques. https://www.naccho.org/uploads/downloadable-resources/Gudie-to-Prioritization-Techniques.pdf*

Regional Secondary Data

Lake County, Florida
Demographic Overview

Total Population
398,696

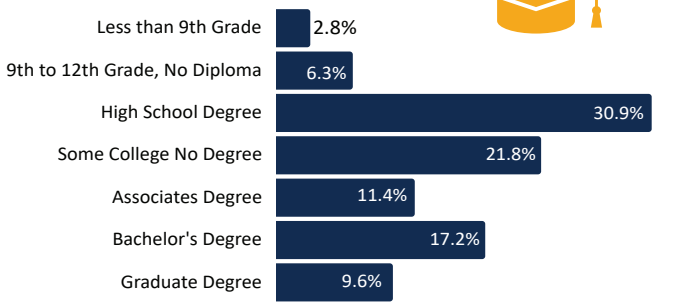
Population by Age

Age Under 18	Age 18-64	Age 65+	Median Age
19.1%	54.3%	26.6%	46.7

Population Change

2010		2023		2032
297,056	+34.2%	398,696	+20.8%	481,715

Education



38.2% of Lake County residents have **earned a higher education degree.**

Race / Ethnicity

70.7%	17.9%	13.2%	10.1%	15.6%
White	Hispanic / Latino	Two or More Races	Black / African American	Speak a Language Other than English at Home

Economic Wellbeing

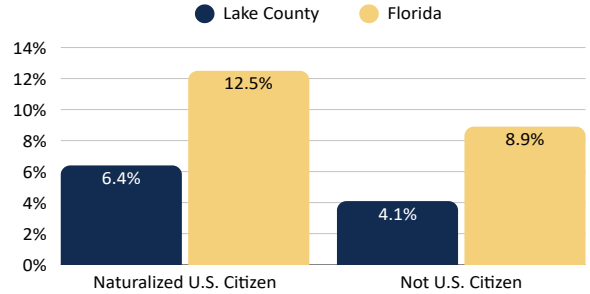
Median Household Income
$69,956

Households Below Poverty Level
10.0%

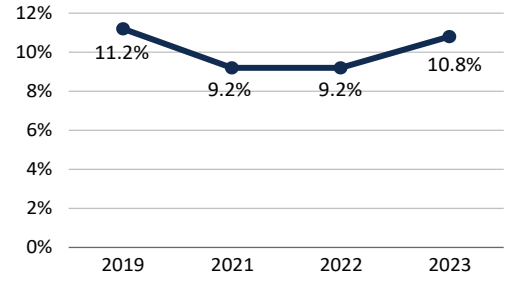
Unemployment Rate
5.1%

Households Receiving SNAP Benefits
9.9%

Foreign-Born Population



Trend of Population Living in Poverty

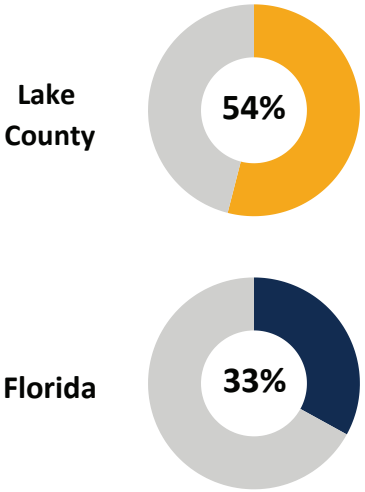


TotalPopulation398,696Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Lake County, Florida

Social Drivers Profile

Households Living Above Federal Poverty Level but Below ALICE Threshold of Financial Survival



Source: United Way, United for ALICE (2022)

Total Housing Units	**182,666**	
Median Household Income	**$69,956**	
Median Home Rent	**$1,468**	
Housing Costs >30% of Income	**30.5%**	
No Vehicle Available	**4.0%**	

National Low Income Housing Coalition Data

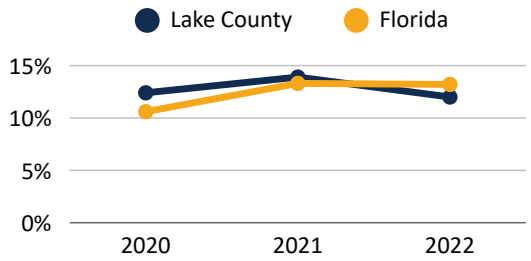
2-Bedroom Fair Market Rent (FMR): $1,857

Hourly Wage Necessary to Afford 2-Bedroom FMR:	Annual Income Necessary to Afford 2-Bedroom FMR:	Full Time Jobs Needed at Min. Wage to Afford 2-Bedroom FMR:
$35.71	**$74,280**	**3.0**

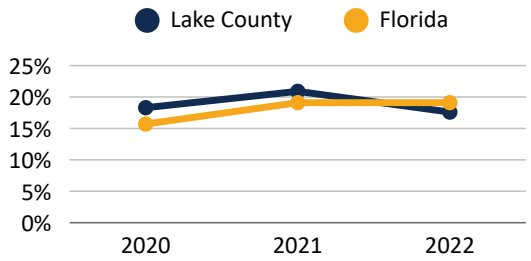
Source: National Low Income Housing Coalition. Florida Out of Reach Report, 2024

Source: Feeding America, Map the Meal Gap

Food Insecurity (Total Population)



Food Insecurity (Children)



Lake County, Florida

Health Profile

Life Expectancy
77.1

Chronic Disease Among Adults

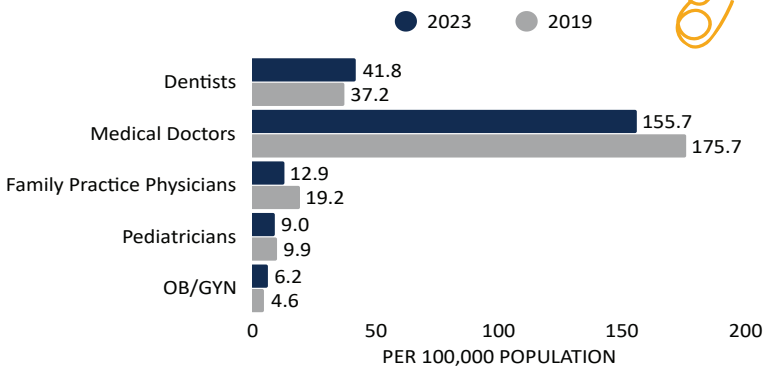
Obesity	Depressive Disorder	Diabetes	Heart Disease
34.2%	**20.6%**	**14.9%**	**9.7%**

10.0% Uninsured Population

46.5% People with Public Health Insurance

71.8% People with Private Health Insurance

Rate of Licensed Healthcare Providers



Health Risk Behaviors (2022)

Current Tobacco Use
14.8%
2019: 17.9%

Binge Drinking
14.8%
2019: 14.8%

No Leisure-Time for Physical Activity
26.2%
2019: 30.2%

Quality of Life (2022)

Mental Health Not Good (for 14+ Days)	Physical Health Not Good (for 14+ Days)	Fair or Poor Self-Related Health Status
16.3% ↑	**14.7%** ↓	**19.8%** ↓
2019: 14.5%	2019: 15.4%	2019: 21.6%

Causes of Death

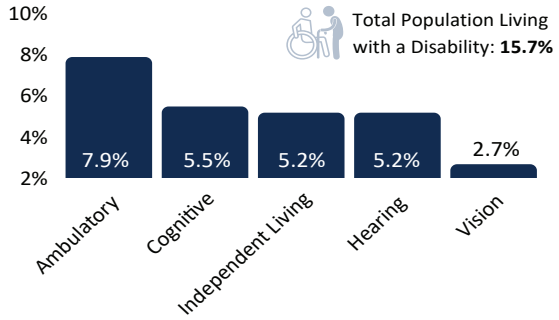
Top Causes (per 100,000 people)

Heart Disease	**160.5**
Cancer	**151.5**
Unintentional Injury	**86.1**

Routine Checkup Visit to Doctor within Past Year
76.5%

Visit to Dentist or Dental Clinic within Past Year
56.3%

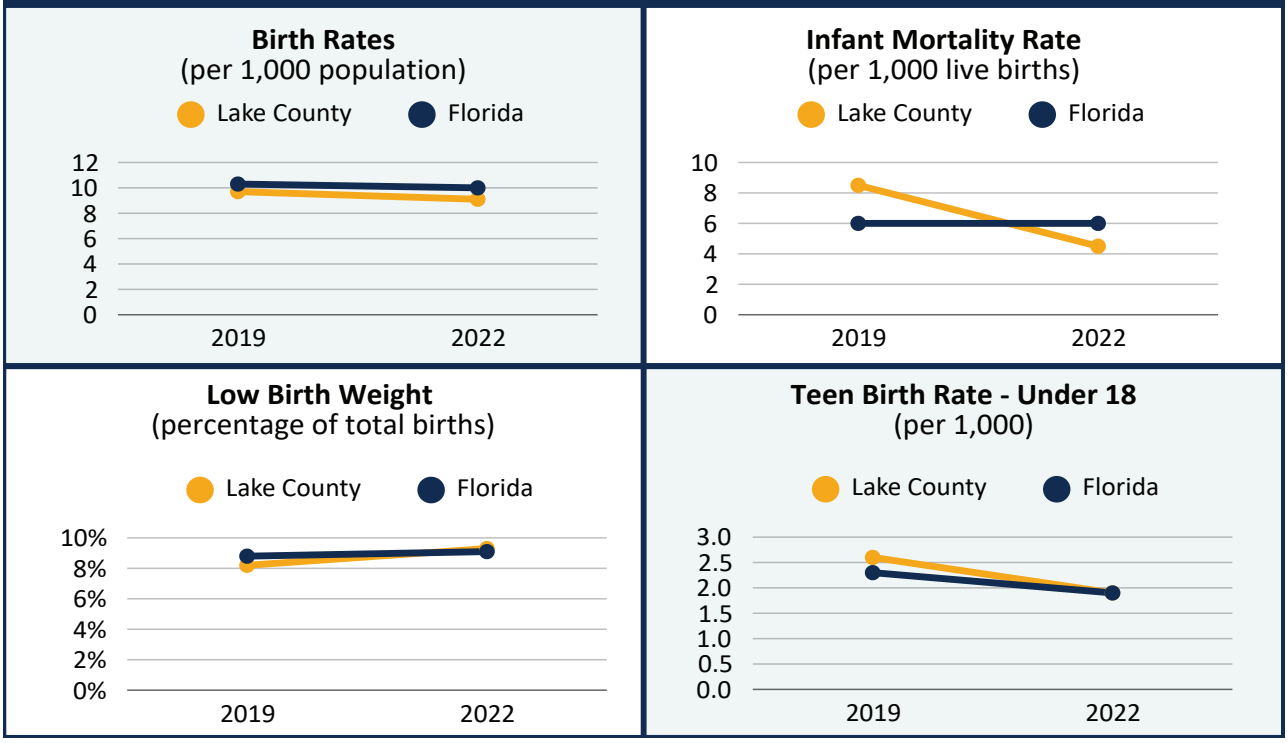
People Living With Disability by Type



Sources: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates | Florida Behavioral Risk Factor SurveillanceSystem | Florida Department of Health, Division of Public Health Statistics & Performance Management. Florida HealthCHARTS, CountyHealth Dashboard Health Resource Availability

Lake County, Florida

Maternal Health Profile



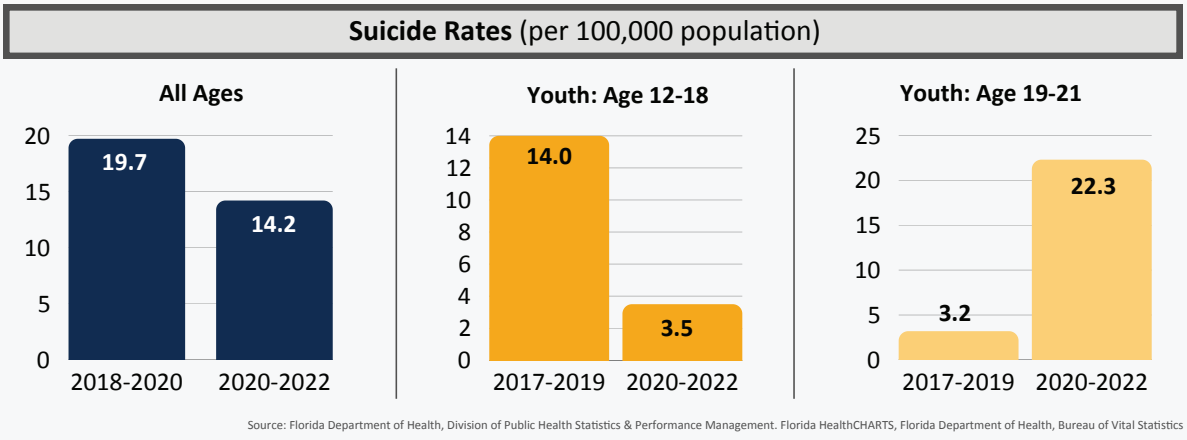
Maternal Characteristics

	Lake County			Florida		
	2019	2022	Year-Over Year Change	2019	2022	Year-Over Year Change
Births to Unwed Mothers	45.2%	41.0%	↓	46.6%	46.1%	↓
Repeat Births to Mothers Aged 15-17	7.5%	9.7%	↑	6.3%	6.2%	↓
Births to Obese Mothers at Time Pregnancy Occurred	30.9%	32.7%	↑	27.1%	29.5%	↑
Births to Mothers with First Trimester Prenatal Care	77.1%	70.5%	↓	75.9%	71.6%	↓
Births Covered by Medicaid	46.8%	43.2%	↓	46.9%	43.9%	↓

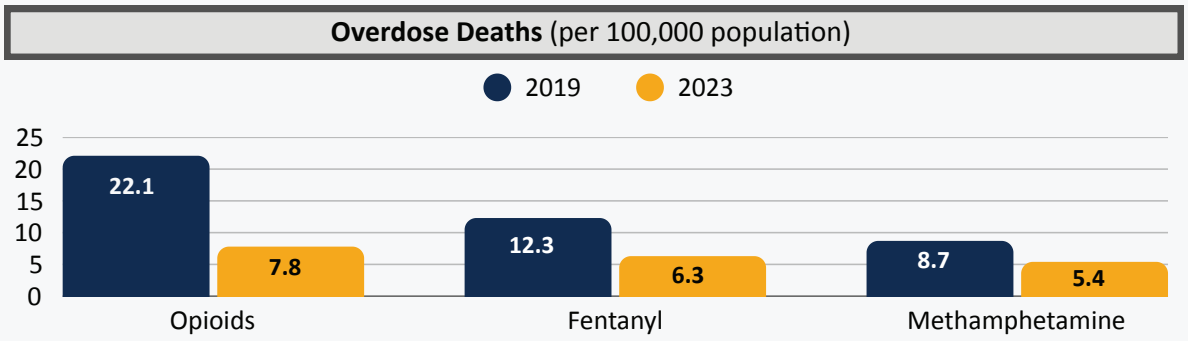
Sources: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Health, Bureau of Vital Statistics | Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Pregnancy and Young Child Profile

Lake County, Florida

Behavioral Health Profile



Source: Florida Department of Health, Division of Public Health Statistics & Performance Management. Florida HealthCHARTS, Florida Department of Health, Bureau of Vital Statistics



Source: University of Florida Health, Florida Drug-Related Outcomes Surveillance & Tracking System, Summary of Drug Occurences in Decedents



Improving Health, Fighting Hunger | Lake County

Qualitative Summary

Strengths

Lake County's residents and community stakeholders emphasized several strengths that contribute to the overall well-being and quality of life in the region. One of the primary strengths mentioned was the **family-centered atmosphere** of the county. The community offers **recreational opportunities** and boasts a population with diverse age groups, which positively impacts residents' health and lifestyle.

The **collaborative nature** of the community was frequently highlighted as a strength. Many stakeholders noted that Lake County residents, along with local organizations, are dedicated to helping those in need. Despite some challenges, this compassionate attitude contributes to the county's resilience and capacity for change.

Themes

Several overarching themes emerged during the discussions that provide insight into both the opportunities and challenges facing Lake County. A key theme revolves around the **ruralness** of the county, which significantly influences how residents seek and receive care. Specifically, the geography and distribution of resources in rural areas complicate residents' ability to access services and participate in recreational activities.

Another critical theme is the importance of **collaboration** for improving health in Lake County. While there are existing efforts in place and local stakeholders have a strong will to collaborate, many organizations, including nonprofits and law enforcement agencies, operate more independently, leading to a "siloed" system. Participants expressed that while collaborations have been successful in certain areas, there is a need for increased coordination among all organizations.

Needs

Access to Healthcare

Access to quality healthcare is a significant challenge for Lake County residents. Barriers such as **inadequate insurance coverage** and **high costs** make it difficult for many individuals to obtain timely care. Stakeholders noted that those who are **uninsured or underinsured** often avoid seeking care until their health issues worsen, leading to more severe complications. This is especially problematic in a county where access to primary care is limited forcing patients to turn to emergency services for care and placing undue strain on an already overburdened system.

Dental care was also identified as a pressing need, with adult and pediatric dental care services being difficult to access, particularly for low-income residents and those on Medicaid.

Cost of Living and Basic Needs

The rising **cost of living** emerged as another significant challenge, with many residents unable to meet basic needs such as housing, food and childcare. This financial strain leaves individuals in a "survival mode" making it difficult for them to focus on proactive health behavior. A growing concern was the **rising cost of food**, which forces residents to choose between purchasing affordable, nutrient-dense food and less expensive but less healthy options.

Behavioral Health

Behavioral health services were highlighted as an area of significant concern in Lake County. While some services exist, **accessibility** remains a major issue due to the limited number of service providers. Additionally, Florida's Baker Act, which addresses immediate behavioral health crises, was acknowledged for its importance in meeting behavioral healthcare needs, but concern was noted for the lack of resources available post-crisis. Behavioral healthcare services for youth, including improved substance use prevention initiatives, were noted as an opportunity for improvement.

A notable barrier to accessing behavioral health services is the **stigma** surrounding mental health issues. Although stigma has somewhat decreased since the pandemic, it remains a significant obstacle for many, especially in certain different cultural communities. Efforts to reduce this stigma are ongoing, but there is still a need for further work to ensure that individuals feel comfortable seeking care.

Housing

Housing is a growing concern in Lake County, particularly for low-income residents. Participants expressed that the rising cost of housing is pushing many residents into a new category of homelessness, referred to as the "working homeless." This group struggles with unstable living conditions despite having employment, making it harder for them to maintain their health. In Lake County housing insecurity directly impacts **children** and **teens,** as a lack of stable housing can hinder their ability to engage in education and social activities, both of which are vital for their development and future success. Parents in these situations also face significant challenges in seeking care and support due to the instability in their living situations.

Transportation

Another critical need identified by stakeholders is **transportation**, which directly impacts access to healthcare, food and employment. The lack of reliable and accessible transportation is particularly challenging in rural areas of Lake County. Many residents, especially those with disabilities and youth struggle to access medical appointments and other essential services and opportunities that promote well-being.

Community Survey Highlights

The purpose of the community survey was to enable a greater share of people living throughout the CFC service area to share their perspectives on the greatest needs affecting their community.

Methodology

The community survey was made available online and via print copies in English, Spanish, Haitian Creole, Portuguese and Chinese. The questionnaire included closed-ended, need-specific questions for community members to provide input and demographic questions. Invitations to participate were distributed by partners through channels including CFC partners, social media, flyers and email listservs among other methods.

There were 490 responses from Lake County out of 2,376 total responses from the four-county region.



Organizing donations at New Beginnings of Central Florida | Lake County

Lake County

Community Survey Demographic Overview

Total Reponses **490**

Respondents by Age

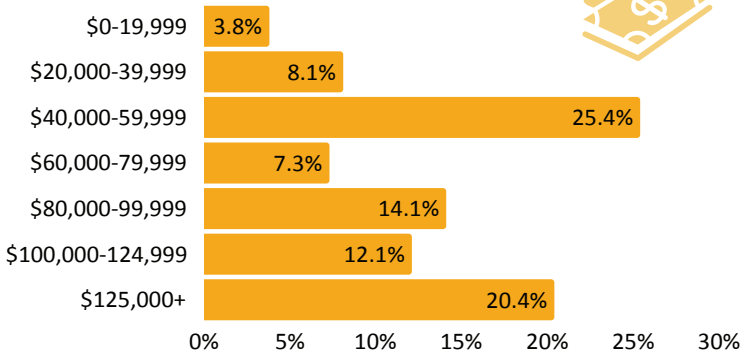
Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
4.5%	**21.6%**	**20.3%**	**21.6%**	**19.4%**	**12.6%**

77.8% White

15.2% Hispanic / Latino

9.1% Black / African American

Household Income

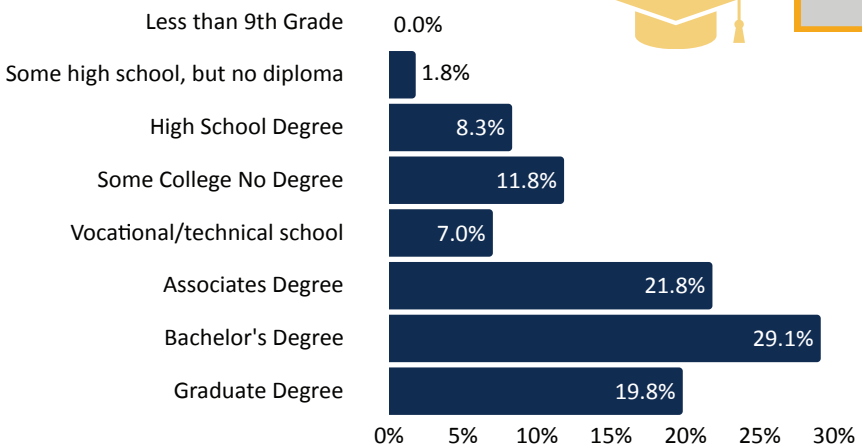


Employed, Full-Time **77.9%**

Veteran **5.9%**

Population Living with a Disability **34.3%**

Education

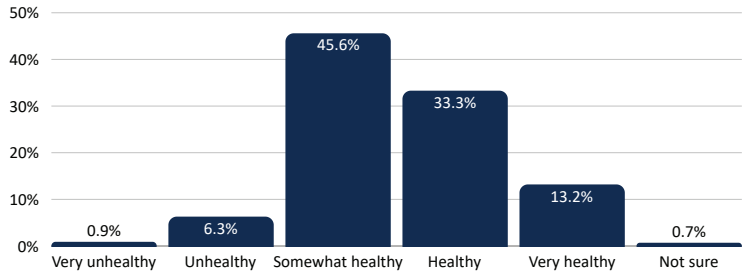


More demographic information of survey respondents is located in the Appendix.

Lake County

Community Survey Highlights

Personal Health Status



Behavioral Health

1 in 5



Reported Their Mental Health as 'Fair' or 'Poor'

1 in 4

Reported Needing Mental Health Care in the Past 12 Months and Not Receiving It

Top 3 Reasons Why

1. Unable to find a doctor who knows or understands my culture, identity, beliefs or language
2. Doctor's office does not have convenient hours
3. Cannot take time off work

Most Important Health Problems to Address

1. Illegal drug use/abuse of prescription medication and alcohol use/drinking too much (24.1%)
2. Heart disease/stroke/high blood pressure (19.5%)
3. Mental health problems including suicide (11.7%)
4. Motor vehicle crashes (10.8%)
5. Being overweight (6.2%)

1 in 3

Reported Needing Medical Care in the Past 12 Months and Not Receiving It

Top 3 Reasons Why

1. Unable to find a doctor who knows or understands my culture, identity, beliefs or language
2. Cannot take time off work
3. Do not have insurance to cover medical care

1 in 4

Reported Being Obese

1 in 3

Children Needed Medical Care in the Past 12 Months and Not Receiving It

1 in 3

Children Needed Dental Care in the Past 12 Months and Not Receiving It

1 in 3

Children Needed Behavioral Health Care in the Past 12 Months and Not Receiving It

Top 18 Community Needs

Community needs were identified at regional and county levels through analysis of primary and secondary data. In Lake County, 34 needs emerged. A modified Hanlon Method, an evidence-based prioritization technique, was used to assess needs across counties and the CFC region, considering defined criteria and feasibility factors.[82] A detailed description of the method is outlined in Appendix G. Please note, Lake County has 18 top needs due to a three-way tie in the final voting. **The top needs are listed below.**

1. Food security
2. Maternal and prenatal care, including more OB/GYN providers
3. Social and health services for special populations
4. Affordable childcare services
5. Jobs with livable wages
6. Better communication between healthcare organizations and nonprofits
7. Affordable housing for all
8. Affordable prescription medications
9. Transitional housing for people experiencing homelessness
10. Substance use treatment services
11. Transportation, including public transportation
12. Increased access to specialty care services, including dermatology, speech therapy and trauma beds
13. General awareness of resources[83]
14. Building trust with medically underserved populations
15. Improved care coordination among healthcare providers
16. Emergency shelter for people experiencing homelessness
17. Primary care provider shortage
18. Improved health literacy resources

[82] *NACCHO. Guide to Prioritization Techniques. https://www.naccho.org/uploads/downloadable-resources/Gudie-to-Prioritization-Techniques.pdf*

[83] *General awareness of resources spans multiple social drivers of health domains.*

Top 18 Community Needs by Social Driver of Health

Economic Stability

- Food security
- Affordable childcare services
- Jobs with livable wages
- Affordable housing for all
- Transitional housing for people experiencing homelessness
- Emergency shelter for people experiencing homelessness

Healthcare Access and Quality

- Maternal and prenatal care, including more OB/GYN providers
- Social and health services for special populations
- Better communication between healthcare organizations and nonprofits
- Affordable prescription medications
- Substance use treatment services
- Increased access to specialty care services, including dermatology, speech therapy and trauma beds
- Improved care coordination among healthcare providers
- Primary care provider shortage

Neighborhood and Built Environment

- Transportation, including public transportation

Social and Community Context

- General awareness of resources[84]
- Building trust with medically underserved populations
- Improved health literacy resources

[84] *General awareness of resources spans multiple social drivers of health domains.*


Orange County

Orange County Profile

Methodology

The CFC CHNA had a comprehensive methodology that included a mixed method approach consisting of the following components:

- **Data Analysis:** In-depth review of dozens of validated data sources. Information was tabulated and parsed to identify disparities and other insights whenever possible.
- **Primary Qualitative Research:** This component included focus group discussions and key stakeholder interviews.
- **Survey Research:** The community survey provided insights by county on a breadth of key CHNA issues.
- **Access Audit:** "Mystery shopper" calls were conducted during the Access Audit to illuminate real-life customer service and access to care issues.
- **Prioritization Process:** The CFC leadership and approximately 12 to 15 stakeholders in each county participated in a modified Hanlon Method[85], an evidence-based approach which objectively takes into consideration explicitly defined criteria and feasibility factors. The needs prioritization process was conducted at the regional level and at the county level.

Community Engagement



[85] *NACCHO. Guide to Prioritization Techniques. https://www.naccho.org/uploads/downloadable-resources/Gudie-to-Prioritization-Techniques.pdf*

Regional Secondary Data

Orange County, Florida
Demographic Overview

Total Population
1,440,471

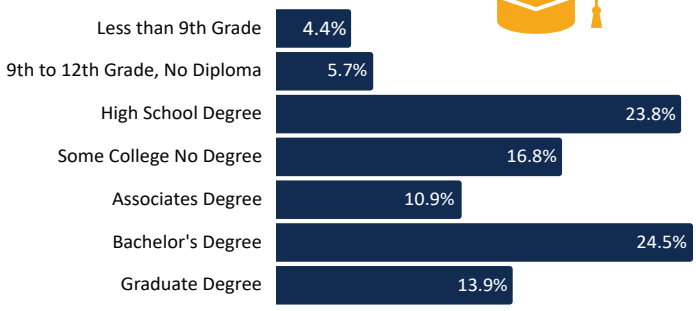
Population by Age

Age Under 18	Age 18-64	Age 65+	Median Age
21.6%	65.6%	12.8%	36.4

Population Change

2010		2023		2032
1,145,957	+25.7%	1,440,471	+20.0%	1,728,849

Education



49.3% of Orange County residents have **earned a higher education degree.**

Race / Ethnicity

46.6%	33.2%	18.8%	20.3%	37.9%
White	Hispanic / Latino	Two or More Races	Black / African American	Speak a Language Other than English at Home

Economic Wellbeing

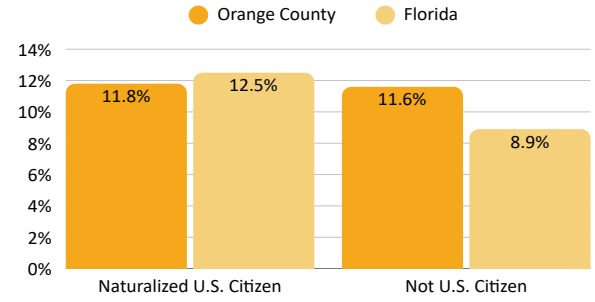
Median Household Income
$77,011

Households Below Poverty Level
12.8%

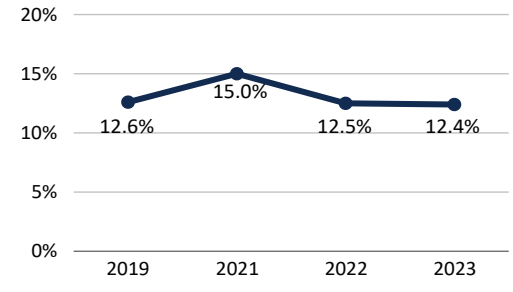
Unemployment Rate
5.5%

Households Receiving SNAP Benefits
14.1%

Foreign-Born Population



Trend of Population Living in Poverty

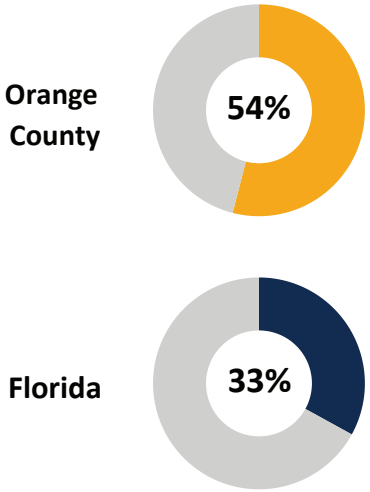


Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Orange County, Florida

Social Drivers Profile

Households Living Above Federal Poverty Level but Below ALICE Threshold of Financial Survival



Total Housing Units	**576,450**	
Median Household Income	**$77,011**	
Median Home Rent	**$1,675**	
Housing Costs >30% of Income	**38.4%**	
No Vehicle Available	**5.4%**	

Source: United Way, United for ALICE (2022)

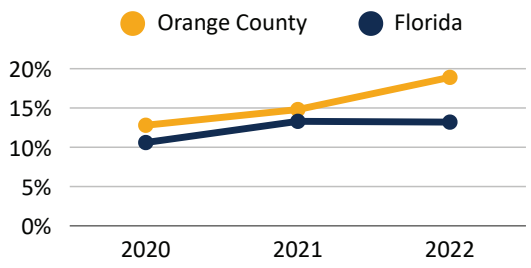
National Low Income Housing Coalition Data

2-Bedroom Fair Market Rent (FMR): $1,857

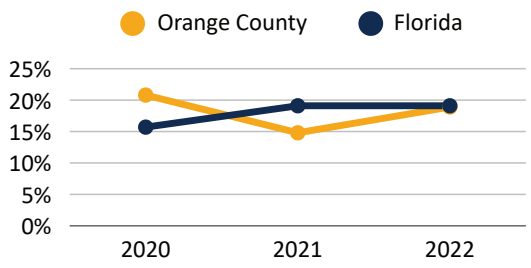
Hourly Wage Necessary to Afford 2-Bedroom FMR:	Annual Income Necessary to Afford 2-Bedroom FMR:	Full Time Jobs Needed at Min. Wage to Afford 2-Bedroom FMR:
$35.71	**$74,280**	**3.0**

Source: National Low Income Housing Coalition. Florida Out of Reach Report, 2024

Food Insecurity (Total Population)



Food Insecurity (Children)



Source: Feeding America, Map the Meal Gap

Orange County, Florida

Health Profile

Life Expectancy
79.1

Chronic Disease Among Adults

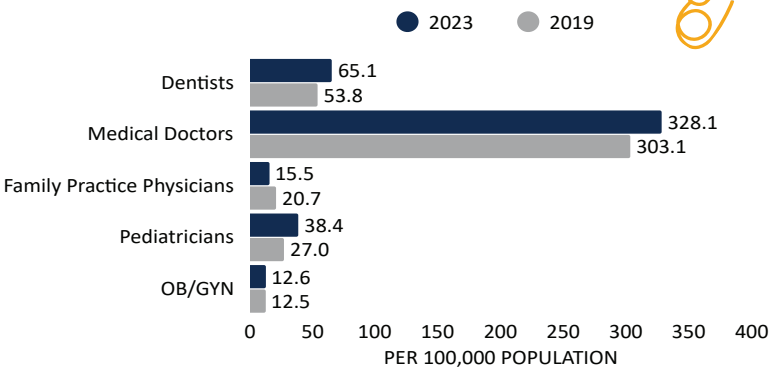
Obesity	Depression	Diabetes	Heart Disease
32.6%	**20.6%**	**11.6%**	**6.0%**

12.2% Uninsured Population

32.3% People with Public Health Insurance

76.1% People with Private Health Insurance

Rate of Licensed Healthcare Providers



Health Risk Behaviors (2022)

Current Tobacco Use
12.4%
2019: 15.5%

Binge Drinking
18.3%
2019: 18.9%

No Leisure-Time for Physical Activity
23.0%
2019: 29.5%

Quality of Life (2022)

Mental Health Not Good (for 14+ Days)	Physical Health Not Good (for 14+ Days)	Fair or Poor Self-Related Health Status
17.4% ↑	**12.3%** ↓	**17.5%** ↓
2019: 15.0%	2019: 13.4%	2019: 22.1%

Causes of Death

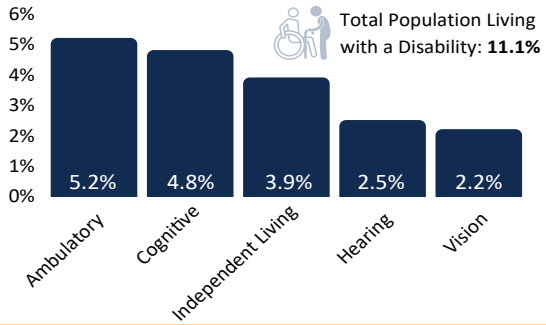
Top Causes (per 100,000 people)

Heart Disease	**142.8**
Cancer	**131.4**
Unintentional Injury	**57.3**

Routine Checkup Visit to Doctor within Past Year
75.0%

Visit to Dentist or Dental Clinic within Past Year
57.2%

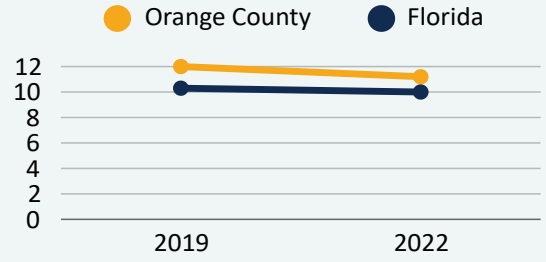
People Living With Disability by Type

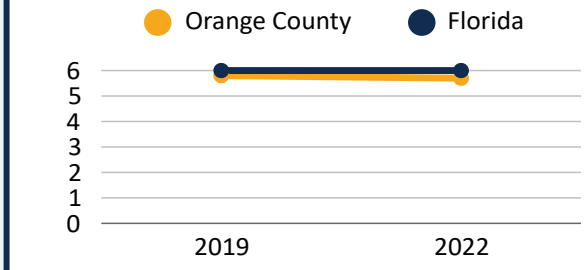


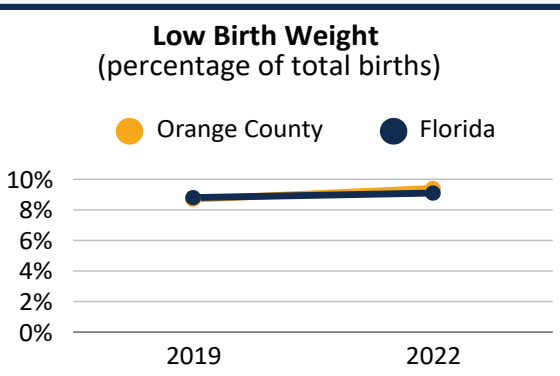
Sources: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates | Florida Behavioral Risk Factor SurveillanceSystem | Florida Department of Health, Division of Public Health Statistics & Performance Management. Florida HealthCHARTS, CountyHealth Dashboard Health Resource Availability

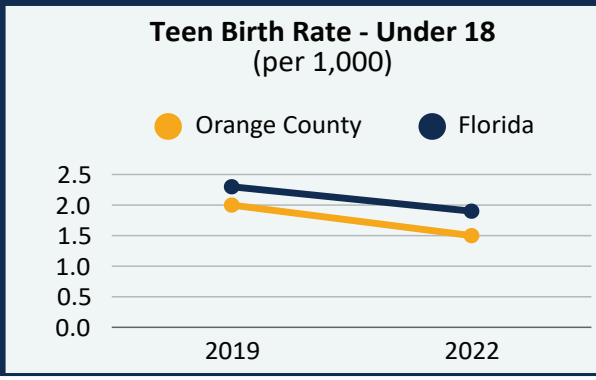
Orange County, Florida

Maternal Health Profile









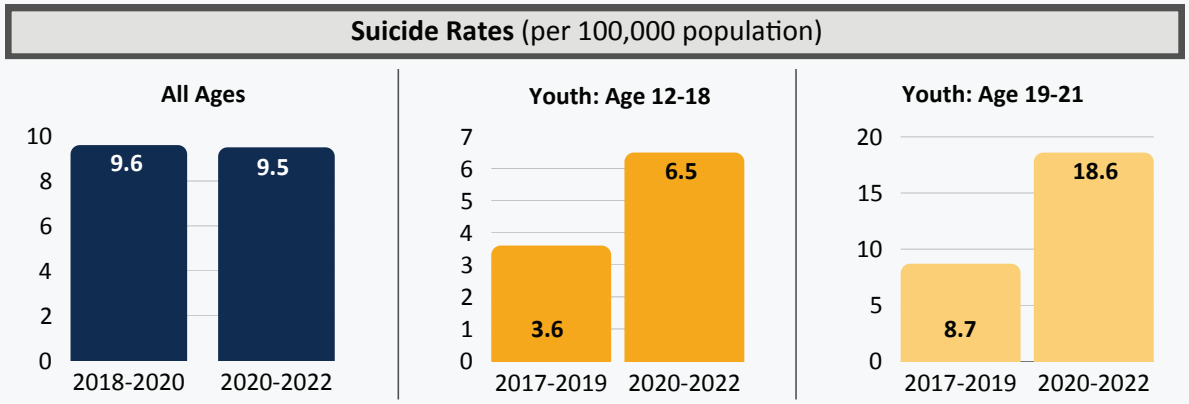
Maternal Characteristics

	Orange County			Florida		
	2019	2022	Year-Over Year Change	2019	2022	Year-Over Year Change
Births to Unwed Mothers	43.5%	45.3%	↑	46.6%	46.1%	↓
Repeat Births to Mothers Aged 15-17	4.0%	3.6%	↓	6.3%	6.2%	↓
Births to Obese Mothers at Time Pregnancy Occurred	24.9%	28.9%	↑	27.1%	29.5%	↑
Births to Mothers with First Trimester Prenatal Care	78.5%	67.2%	↓	75.9%	71.6%	↓
Births Covered by Medicaid	43.8%	43.4%	↓	46.9%	43.9%	↓

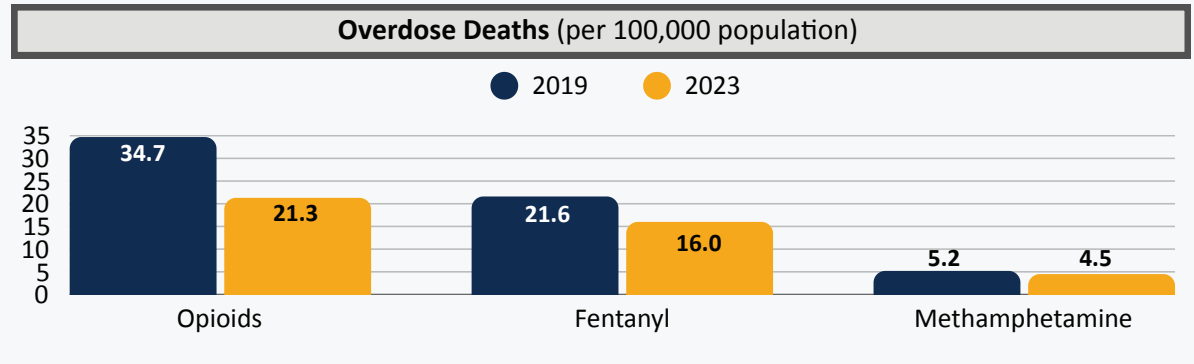
Sources: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Health, Bureau of Vital Statistics | Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Pregnancy and Young Child Profile

Orange County, Florida

Behavioral Health Profile



Source: Florida Department of Health, Division of Public Health Statistics & Performance Management. Florida HealthCHARTS, Florida Department of Health, Bureau of Vital Statistics



Source: University of Florida Health, Florida Drug-Related Outcomes Surveillance & Tracking System, Summary of Drug Occurences in Decedents

Qualitative Summary

Strengths

Orange County is marked by a strong sense of **community collaboration.** Stakeholders and focus group participants emphasize the cooperative spirit among community members and organizations. The robust communication networks between various organizations help foster cross-sector collaborations, leading to more effective problem-solving. This collective approach fosters comprehensive and sustainable solutions for meeting the community health needs.

There has been notable **progress** in areas like telehealth access, infrastructure improvements, law enforcement training and economic development. These achievements contribute to a healthier and more resilient community. The community is united by common goals of progress and well-being, which helps to ensure continuous growth and improvement.

Themes

Trust in healthcare providers is a central theme identified by participants as vital to improving healthcare access. In Orange County, participants discussed the concept of trust operates on both the interpersonal and systemic levels. For many, finding healthcare providers with whom they feel comfortable and understood is a challenge, particularly for marginalized groups. Trust influences individuals' willingness to seek care and impacts the overall accessibility of services.

Representation emerged as a significant theme in Orange County. Many community members, particularly from minoritized backgrounds, expressed the need for healthcare providers to better reflect the populations they serve. Racial, socioeconomic and language barriers affect healthcare outcomes, making cultural competency in health services critical. Similarly, participants emphasized the importance of listening to and incorporating diverse voices to inform health interventions.

Needs

Access to Affordable Healthcare

A major barrier to health access is the **cost of healthcare**, especially for **uninsured or underinsured individuals**. Even those with insurance often encounter high out-of-pocket costs, particularly for dental and mental health services. Focus group participants highlighted challenges like limited access to **specialists** and **complicated health care systems**. A lack of providers in the area increases **wait times,** which prevents many from receiving the care they need in a timely manner. Participants noted that delayed access to primary care often forces individuals to rely on emergency services for non-emergent needs, leading to poor health outcomes, increased use of emergency services and increased expenses. Many of these

barriers are exacerbated in those **whose primary language is not English** or are unfamiliar with the US healthcare system.

A lack of **culturally competent** providers who understand the unique needs of new Americans and medically underserved communities was another key issue raised. Participants shared that patients often feel uncomfortable with providers who are not able to provide culturally competent care. This lack of understanding can deter individuals from seeking future care.

Awareness of Services and Resources

There is a need for improved **awareness** of available healthcare and community-based services in Orange County. Information overload, language barriers and a lack of central resource hubs contribute to the difficulty individuals face in accessing help. There is a strong call for information to be disseminated in multiple languages through trusted community channels, such as faith leaders, to increase awareness and utilization of available services. New Floridians are especially at risk of not knowing what services are available for them.

Behavioral Health

Community members expressed growing concerns about **substance use**. Participants report that inadequate substance use treatment options, including crisis care, lead to extended wait times for those in need of care. The behavioral health system, particularly for individuals on Medicaid, lacks important resources for crisis care and inpatient facilities.

There is an opportunity for improvement related to the **accessibility** and **quality** of behavioral healthcare provided. Participants noted that the system is overwhelmed which results in gaps in care.

Stigma around mental health and substance use prevents individuals from seeking the care they need and inhibits the funding of services in the community. Both internalized and external stigma play an important role on the accessibility of the behavioral and mental healthcare.

Financial Stress

The rising **cost of living** and lack of **livable wages** was frequently mentioned as a concern. This combination impacts every aspect of residents' lives, with many shared that it results in facing an impossible choice between paying for basic needs and healthcare.

Housing

Housing insecurity, particularly among **seniors** and **youth** exacerbates many of the challenges mentioned above. Participants also noted that homelessness is on the rise. Affordable housing remains a critical need in Orange County.

Transportation Barriers

Public transportation in Orange County is cited as inadequate to meet the needs of the growing population. Transportation challenges limit access to healthcare, healthy food and employment opportunities. Improving public transportation options, along with enhancing **walkability** and **bike-ability**, could alleviate these issues and improve overall community access to resources.

Community Survey Highlights

The purpose of the community survey was to enable a greater share of people living throughout the CFC service area to share their perspectives on the greatest needs affecting their community.

Methodology

The community survey was made available online and via print copies in English, Spanish, Haitian Creole, Portuguese and Chinese. The questionnaire included closed-ended, need-specific questions for community members to provide input and demographic questions. Invitations to participate were distributed by partners through channels including CFC partners, social media, flyers and email listservs among other methods.

There were 870 responses from Orange County out of 2,376 total responses from the four-county region.



Christian Service Center | Orange County

Orange County

Community Survey Demographic Overview

Total Reponses **870**

Respondents by Age

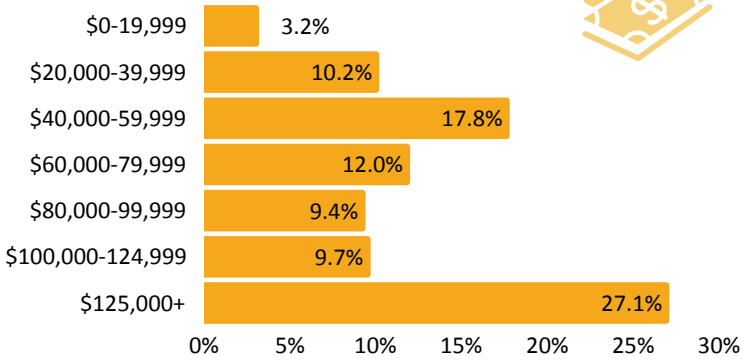
Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
3.0%	**27.5%**	**21.1%**	**17.7%**	**22.3%**	**8.4%**

58.5% White

25.9% Hispanic / Latino

17.8% Black / African American

Household Income

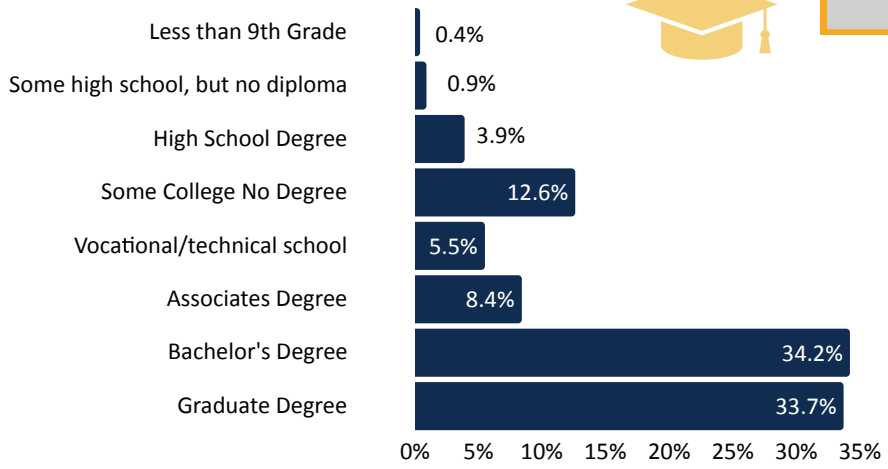


Employed, Full-Time **77.2%**

Veteran **6.7%**

Population Living with a Disability **27.9%**

Education

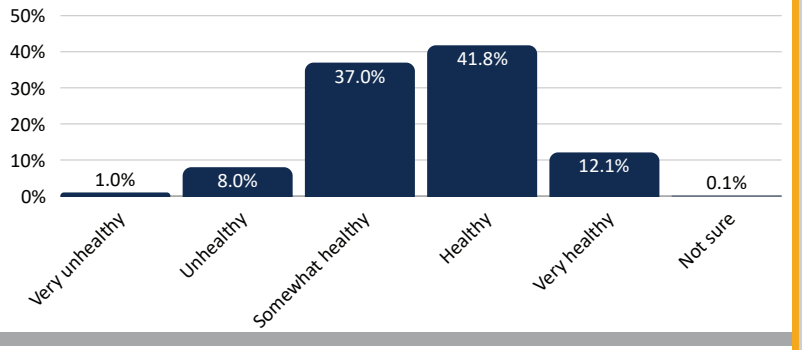


More demographic information of survey respondents is located in the Appendix.

Orange County

Community Survey Highlights

Personal Health Status



Behavioral Health

1 in 5



Reported Their Mental Health as 'Fair' or 'Poor'

1 in 5

Reported Needing Mental Health Care in the Past 12 Months and Not Receiving It

Top 3 Reasons Why

1. Unable to find a doctor who knows or understands my culture, identity, beliefs or language
2. Doctor's office does not have convenient hours
3. Unable to find doctor/counselor who takes my insurance

Most Important Health Problems to Address

1. Mental health problems including suicide (20.5%)
2. Illegal drug use/abuse of prescription medication and alcohol use/drinking too much (17.4%)
3. Heart disease/stroke/high blood pressure (14.0%)
4. Motor vehicle crash injuries (12.2%)
5. Maternal mortality/maternal health (6.4%)

1 in 4

Reported Needing Medical Care in the Past 12 Months and Not Receiving It

Top 3 Reasons Why

1. Cannot take time off work
2. Unable to find a doctor who knows or understands my culture, identity, beliefs or language
3. Do not have insurance to cover medical care

1 in 5

Reported Being Obese

1 in 5

Children Needed Medical Care in the Past 12 Months and Not Receiving It

1 in 5

Children Needed Dental Care in the Past 12 Months and Not Receiving It

1 in 4

Children Needed Behavioral Health Care in the Past 12 Months and Not Receiving It

Top 15 Community Needs

Community needs were identified at regional and county levels through analysis of primary and secondary data. In Orange County, 32 needs emerged. A modified Hanlon Method, an evidence-based prioritization technique, was used to assess needs across counties and the CFC region, considering defined criteria and feasibility factors.[86] A detailed description of the method is outlined in Appendix G. **The top needs are listed below.**

1. Affordable housing, including for older adults
2. Food security
3. Improved care coordination among healthcare providers
4. Improved health literacy resources
5. Programs for chronic disease prevention and education
6. Jobs with livable wages
7. Maternal and prenatal care, including more OB/GYN providers
8. General awareness of resources, including prenatal care services for new residents[87]
9. Impact of social media on the mental health of children
10. Linguistically and culturally appropriate healthcare services and resources
11. Affordable childcare services
12. Access to outpatient mental health services
13. Building trust with medically underserved populations
14. Transportation, especially to medical appointments and public transportation
15. Substance use treatment services

[86] *NACCHO. Guide to Prioritization Techniques. https://www.naccho.org/uploads/downloadable-resources/Gudie-to-Prioritization-Techniques.pdf*

[87] *General awareness of resources spans multiple social drivers of health domains.*

Top 15 Community Needs by Social Driver of Health

Economic Stability

- Affordable housing, including for older adults
- Food security
- Jobs with livable wages
- Affordable childcare services

Healthcare Access and Quality

- Improved care coordination among healthcare providers
- Programs for chronic disease prevention and education
- Maternal and prenatal care, including more OB/GYN providers
- Impact of social media on the mental health of children
- Access to outpatient mental health services
- Substance use treatment services

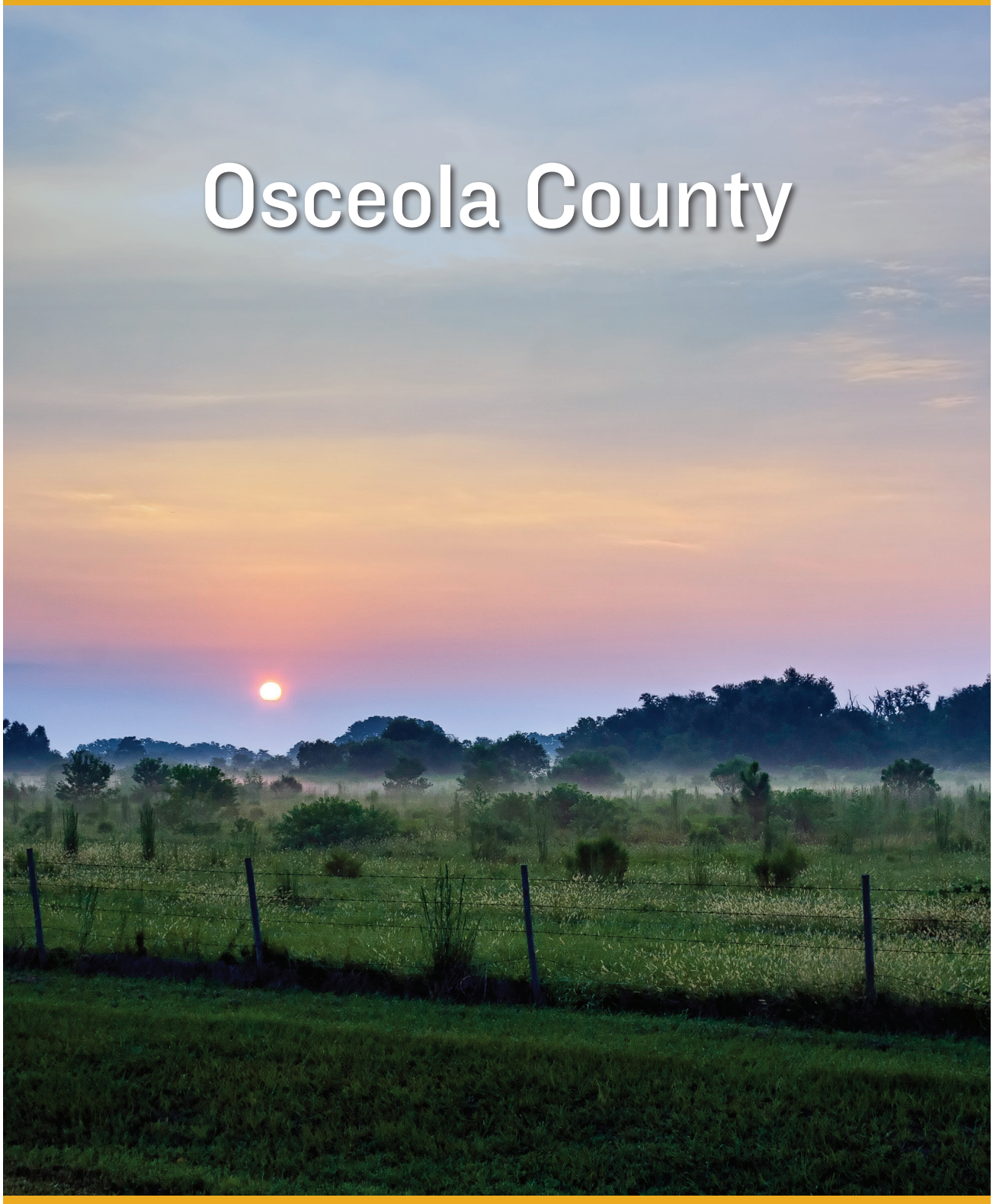
Neighborhood and Built Environment

- Transportation, especially to medical appointments and public transportation

Social and Community Context

- Improved health literacy resources
- General awareness of resources, including prenatal care services for new residents[88]
- Linguistically and culturally appropriate healthcare services and resources
- Building trust with medically underserved populations

[88] *General awareness of resources spans multiple social drivers of health domains.*


Osceola County

Osceola County Profile

Methodology

The CFC CHNA had a comprehensive methodology that included a mixed method approach consisting of the following components:

- **Data Analysis:** In-depth review of dozens of validated data sources. Information was tabulated and parsed to identify disparities and other insights whenever possible.
- **Primary Qualitative Research:** This component included focus group discussions and key stakeholder interviews.
- **Survey Research:** The community survey provided insights by county on a breadth of key CHNA issues.
- **Access Audit:** "Mystery shopper" calls were conducted during the Access Audit to illuminate real-life customer service and access to care issues.
- **Prioritization Process:** The CFC leadership and approximately 12 to 15 stakeholders in each county participated in a modified Hanlon Method[89], an evidence-based approach which objectively takes into consideration explicitly defined criteria and feasibility factors. The needs prioritization process was conducted at the regional level and at the county level.

Community Engagement

51 Stakeholder Interviews

9 Focus Groups with 71 participants

498 Community Survey Responses

6 Access Audits

[89] *NACCHO. Guide to Prioritization Techniques. https://www.naccho.org/uploads/downloadable-resources/Gudie-to-Prioritization-Techniques.pdf*

Regional Secondary Data

Osceola County, Florida
Demographic Overview

Total Population
406,943

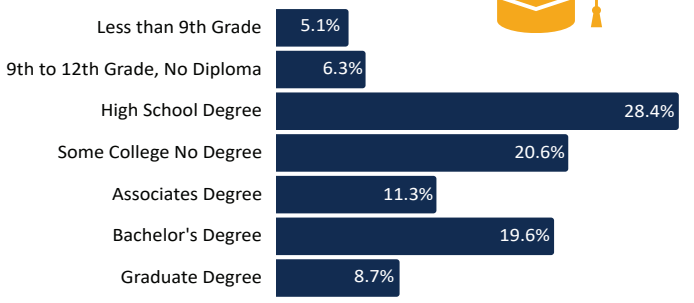
Population by Age

Age Under 18	Age 18-64	Age 65+	Median Age
24.0%	62.6%	13.4%	37.0

Population Change

2010		2023		2032
268,683	+51.5%	406,943	+24.6%	507,034

Education



39.6% of Osceola County residents have **earned a higher education degree.**

Race / Ethnicity

43.4%	55.0%	19.5%	11.0%	53.6%
White	Hispanic / Latino	Two or More Races	Black / African American	Speak a Language Other than English at Home

Economic Wellbeing

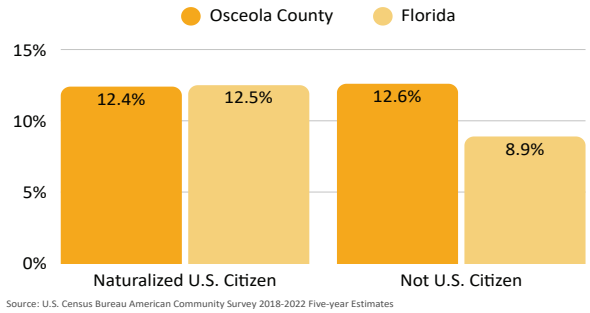
Median Household Income
$68,711

Households Below Poverty Level
12.5%

Unemployment Rate
5.2%

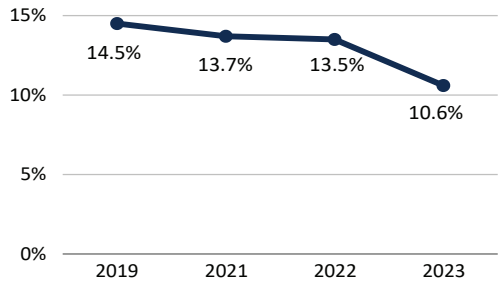
Households Receiving SNAP Benefits
17.4%

Foreign-Born Population



Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Trend of Population Living in Poverty

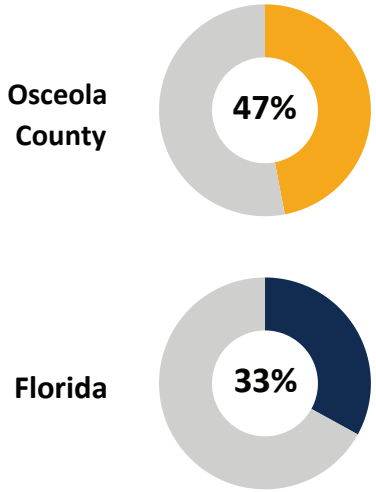


Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Osceola County, Florida

Social Drivers Profile

Households Living Above Federal Poverty Level but Below ALICE Threshold of Financial Survival



Total Housing Units	**164,195**	
Median Household Income	**$68,711**	
Median Home Rent	**$1,651**	
Housing Costs >30% of Income	**41.2%**	
No Vehicle Available	**4.4%**	

Source: United Way, United for ALICE (2022)

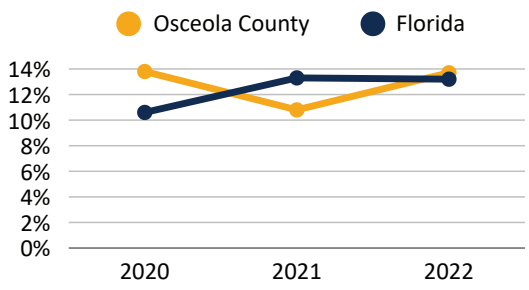
National Low Income Housing Coalition Data

2-Bedroom Fair Market Rent (FMR): $1,857

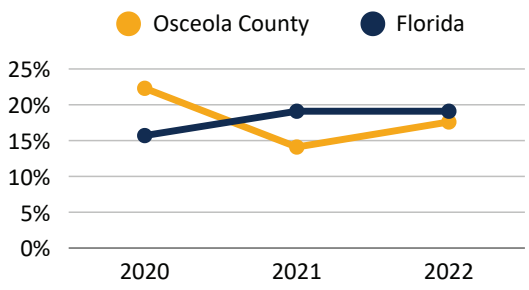
Hourly Wage Necessary to Afford 2-Bedroom FMR:	Annual Income Necessary to Afford 2-Bedroom FMR:	Full Time Jobs Needed at Min. Wage to Afford 2-Bedroom FMR:
$35.71	**$74,280**	**3.0**

Source: National Low Income Housing Coalition. Florida Out of Reach Report, 2024

Food Insecurity (Total Population)



Food Insecurity (Children)



Source: Feeding America, Map the Meal Gap

Osceola County, Florida

Health Profile

Life Expectancy
77.8

Chronic Disease Among Adults

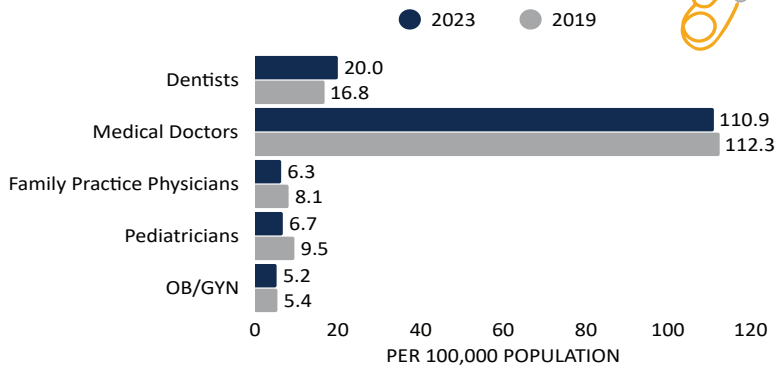
Obesity	Depression	Diabetes	Heart Disease
31.3%	**19.3%**	**13.4%**	**6.6%**

10.9% Uninsured Population

39.9% People with Public Health Insurance

69.8% People with Private Health Insurance

Rate of Licensed Healthcare Providers



Health Risk Behaviors (2022)

Current Tobacco Use
13.3%
2019: 15.8%

Binge Drinking
16.7%
2019: 16.2%

No Leisure-Time for Physical Activity
28.6%
2019: 31.4%

Quality of Life (2022)

Mental Health Not Good (for 14+ Days)	Physical Health Not Good (for 14+ Days)	Fair or Poor Self-Related Health Status
17.1% ↑	**13.6%** ↓	**20.9%** ↓
2019: 15.1%	2019: 14.9%	2019: 25.2%

Causes of Death

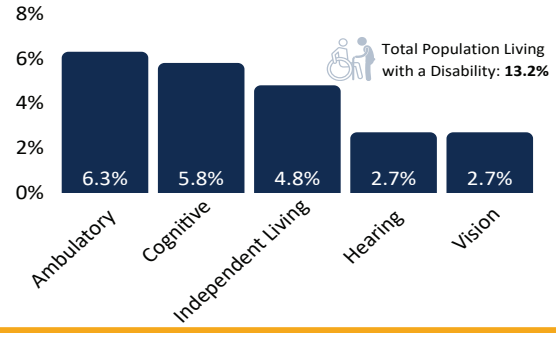
Top Causes (per 100,000 people)

Heart Disease	**162.5**
Cancer	**139.5**
Stroke	**58.0**

Routine Checkup Visit to Doctor within Past Year
75.1%

Visit to Dentist or Dental Clinic within Past Year
54.5%

People Living With Disability by Type

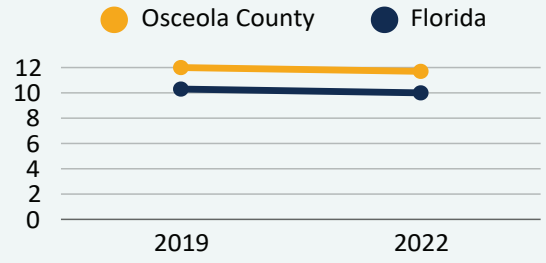


Sources: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates | Florida Behavioral Risk Factor SurveillanceSystem | Florida Department of Health, Division of Public Health Statistics & Performance Management. Florida HealthCHARTS, CountyHealth Dashboard Health Resource Availability

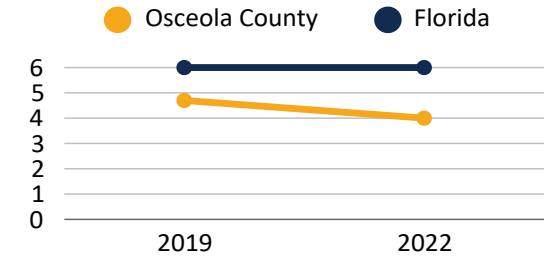
Osceola County, Florida

Maternal Health Profile

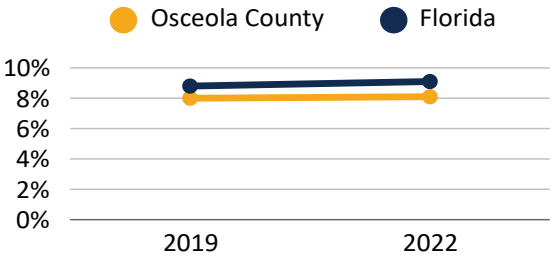
Birth Rates
(per 1,000 population)



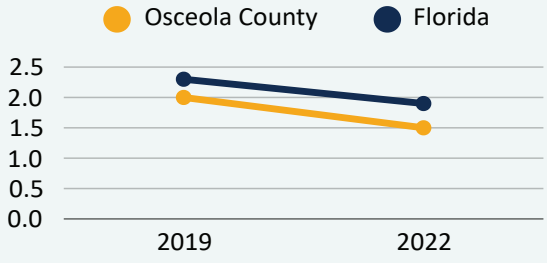
Infant Mortality Rate
(per 1,000 live births)



Low Birth Weight
(percentage of total births)



Teen Birth Rate - Under 18
(per 1,000)



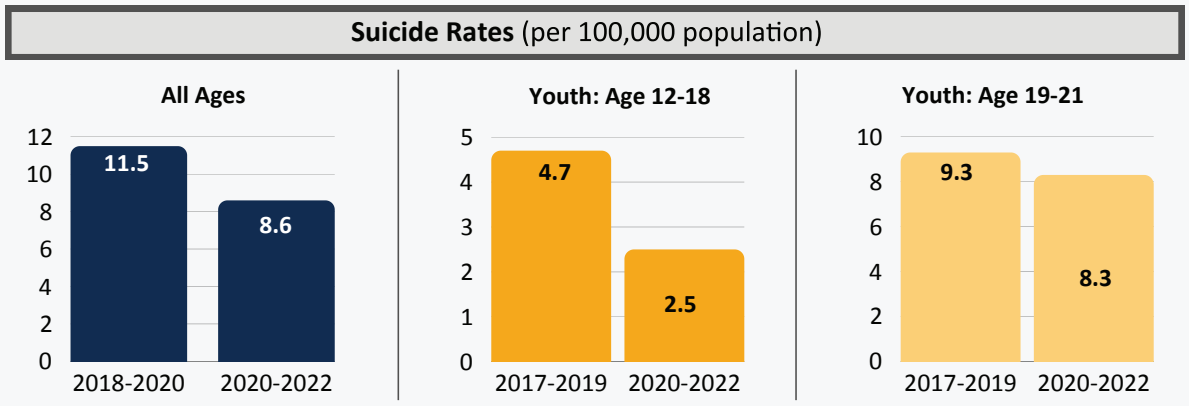
Maternal Characteristics

	Osceola County			Florida		
	2019	2022	Year-Over Year Change	2019	2022	Year-Over Year Change
Births to Unwed Mothers	48.2%	45.9%	↓	46.6%	46.1%	↓
Repeat Births to Mothers Aged 15-17	0.0%	10.0%	↑	6.3%	6.2%	↓
Births to Obese Mothers at Time Pregnancy Occurred	27.8%	30.8%	↑	27.1%	29.5%	↑
Births to Mothers with First Trimester Prenatal Care	81.4%	74.2%	↓	75.9%	71.6%	↓
Births Covered by Medicaid	55.9%	47.7%	↓	46.9%	43.9%	↓

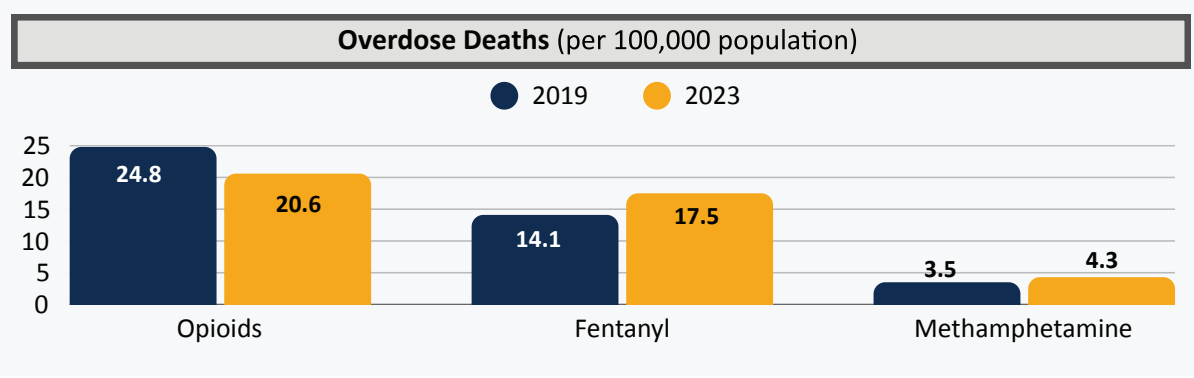
Sources: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Health, Bureau of Vital Statistics | Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Pregnancy and Young Child Profile

Osceola County, Florida

Behavioral Health Profile



Source: Florida Department of Health, Division of Public Health Statistics & Performance Management. Florida HealthCHARTS, Florida Department of Health, Bureau of Vital Statistics



Source: University of Florida Health, Florida Drug-Related Outcomes Surveillance & Tracking System, Summary of Drug Occurences in Decedents

Qualitative Summary

Strengths

Osceola County stakeholders and focus group participants highlighted several strengths within the community, with particular emphasis on the **dedicated organizations** that are adept at working together to serve local residents. This **collaborative nature** builds **resiliency** and improves access to resources and services in the area.

Additionally, the community has adapted well to its **changing demographics** and has increased efforts to provide culturally appropriate services. While progress has been made, there is still room for improvements to increase culturally competent care.

Themes

Osceola County is experiencing rapid population growth, particularly within the Latino migrant community. **Concern** was expressed about the **ability of current resources** to meet the needs of this growing population, particularly in a culturally competent manner.

While **collaboration** is recognized as a key strength in Osceola County, many stakeholders emphasized the need for even greater collaboration to address emerging challenges. Effective collaboration can help close gaps in care, prevent duplication of efforts and ensure that resources are used most effectively.

Needs

Access to Healthcare

Access to high-quality healthcare is a growing concern, as participants noted that limited access to primary care leads to **delayed treatments and overuse of emergency services**. Barriers such as inadequate insurance coverage, long wait times and high healthcare costs were identified as obstacles to receiving healthcare services. Additionally, the **complexity of healthcare systems** paired with a lack of technology literacy, especially among older adults, further hinder access. Participants suggested that community case managers and educational resources could help people navigate these systems more effectively. Insurance status and type is a major barrier to healthcare access as well. Many healthcare providers do not accept Medicaid, which limits access to care.

Behavioral and Mental Health

There is an **increasing demand** for behavioral and mental health services. The community faces significant gaps in behavioral healthcare, particularly **for youth and older adults**. The shortage of mental health providers and long wait times were highlighted as challenges in meeting the growing demand. Participants also pointed to the **stigma** surrounding mental health, which can prevent individuals from seeking help. There is a particular concern about

the **lack of mental health resources in schools**, where youth are facing rising levels of depression, anxiety and suicidal thoughts. Participants also expressed the need for more support for older adults, who are suffering from isolation. Addressing these gaps requires reducing stigma and improving the availability and quality of behavioral healthcare services.

Financial Stress

A **rising cost of living** was noted, with individuals voicing concerns about food insecurity, low wages and the rising costs of basic needs. **Low wages**, especially in the tourism sector, contribute to housing instability, inadequate healthcare and food insecurity. Many individuals are unable to afford rent, which impacts their ability to afford other essential services like transportation and childcare. **Access to safe, affordable housing is a critical issue.** Participants identified the high cost of housing as a significant challenge facing the community. When residents face housing insecurity, it has a direct impact on their physical and mental health. There is a need for more affordable housing options to alleviate this issue, as well as interventions that can address the rising costs of rent.

Transportation

Rural areas of Osceola County lack reliable and accessible transportation, making it difficult for families—particularly those with young children—to access **essential services** such as grocery stores and healthcare services. For those without cars, the public transportation system is limited. Updating the transportation system to better meet the needs of the community is a priority.

Community Survey Highlights

The purpose of the community survey was to enable a greater share of people living throughout the CFC service area to share their perspectives on the greatest needs affecting their community.

Methodology

The community survey was made available online and via print copies in English, Spanish, Haitian Creole, Portuguese and Chinese. The questionnaire included closed-ended, need-specific questions for community members to provide input and demographic questions. Invitations to participate were distributed by partners through channels including CFC partners, social media, flyers and email listservs among other methods.

There were 498 responses from Osceola County out of 2,376 total responses from the four-county region.

Osceola County

Community Survey Demographic Overview

Total Responses **498**

Respondents by Age

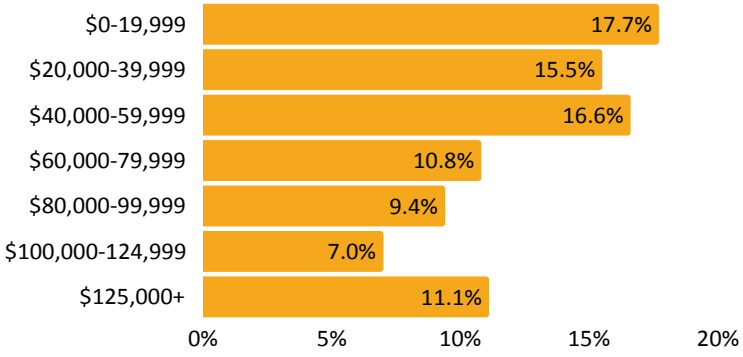
Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
3.8%	**12.6%**	**22.0%**	**17.4%**	**21.7%**	**22.5%**

58.9% White

47.7% Hispanic / Latino

12.5% Black / African American

Household Income

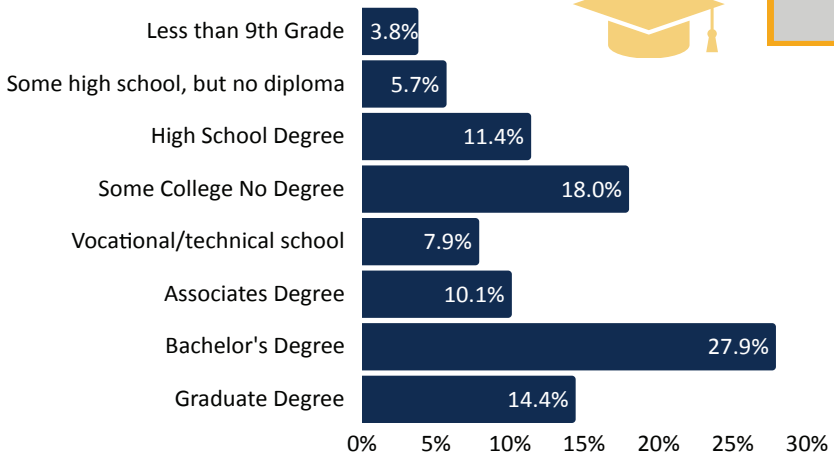


Employed, Full-Time **48.4%**

Veteran **5.5%**

Population Living with a Disability **36.4%**

Education

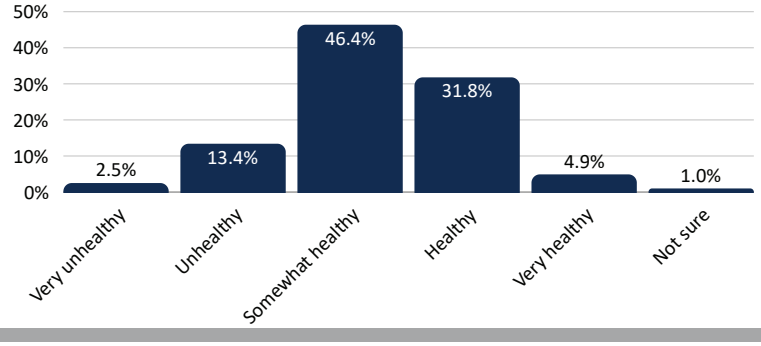


More demographic information of survey respondents is located in the Appendix.

Osceola County

Community Survey Highlights

Personal Health Status



Behavioral Health

1 in 4



Reported Their Mental Health as 'Fair' or 'Poor'

1 in 5

Reported Needing Mental Health Care in the Past 12 Months and Not Receiving It

Top 3 Reasons Why

1. Doctor's office does not have convenient hours
2. Unable to find a doctor who knows or understands my culture, identity, beliefs or language
3. Cannot take time off work / Unable to afford to pay for care

Most Important Health Problems to Address

1. Illegal drug use/abuse of prescription medication and alcohol use/drinking too much (17.1%)
2. Motor vehicle crash injuries (15.2%)
3. Heart disease/stroke/high blood pressure (13.8%)
4. Mental health problems including suicide (12.6%)
5. Being overweight (7.1%)

1 in 4

Reported Needing Medical Care in the Past 12 Months and Not Receiving It

Top 3 Reasons Why

1. Cannot take time off work
2. Do not have insurance to cover medical care
3. Unable to find a doctor who knows or understands my culture, identity, beliefs or language

1 in 3

Reported Being Obese

1 in 4

Children Needed Medical Care in the Past 12 Months and Not Receiving It

1 in 4

Children Needed Dental Care in the Past 12 Months and Not Receiving It

1 in 5

Children Needed Behavioral Health Care in the Past 12 Months and Not Receiving It

Top 15 Community Needs

Community needs were identified at regional and county levels through analysis of primary and secondary data. In Osceola County, 30 needs emerged. A modified Hanlon Method, an evidence-based prioritization technique, was used to assess needs across counties and the CFC region, considering defined criteria and feasibility factors.[90] A detailed description of the method is outlined in Appendix G. **The top needs are listed below.**

1. Affordable housing for all
2. Affordable prescription medications
3. Food security
4. Jobs with livable wages
5. Programs for chronic disease prevention and education
6. Affordable childcare services
7. Transportation, including public transportation
8. Better communication between healthcare organizations and nonprofits
9. Social and health services for special populations
10. Emergency shelter for people experiencing homelessness
11. Transitional housing for people experiencing homelessness
12. General awareness of resources[91]
13. Primary care provider shortage
14. Substance use treatment services
15. Increased access to specialty care services, including dermatology, speech therapy and trauma beds

[90] *NACCHO. Guide to Prioritization Techniques. https://www.naccho.org/uploads/downloadable-resources/Gudie-to-Prioritization-Techniques.pdf*

[91] *General awareness of resources spans multiple social drivers of health domains.*

Top 15 Community Needs by Social Driver of Health

Economic Stability

- Affordable housing for all
- Food security
- Jobs with livable wages
- Affordable childcare services
- Emergency shelter for people experiencing homelessness
- Transitional housing for people experiencing homelessness

Healthcare Access and Quality

- Affordable prescription medications
- Programs for chronic disease prevention and education
- Better communication between healthcare organizations and nonprofits
- Social and health services for special populations
- Primary care provider shortage
- Substance use treatment services
- Increased access to specialty care services, including dermatology, speech therapy and trauma beds

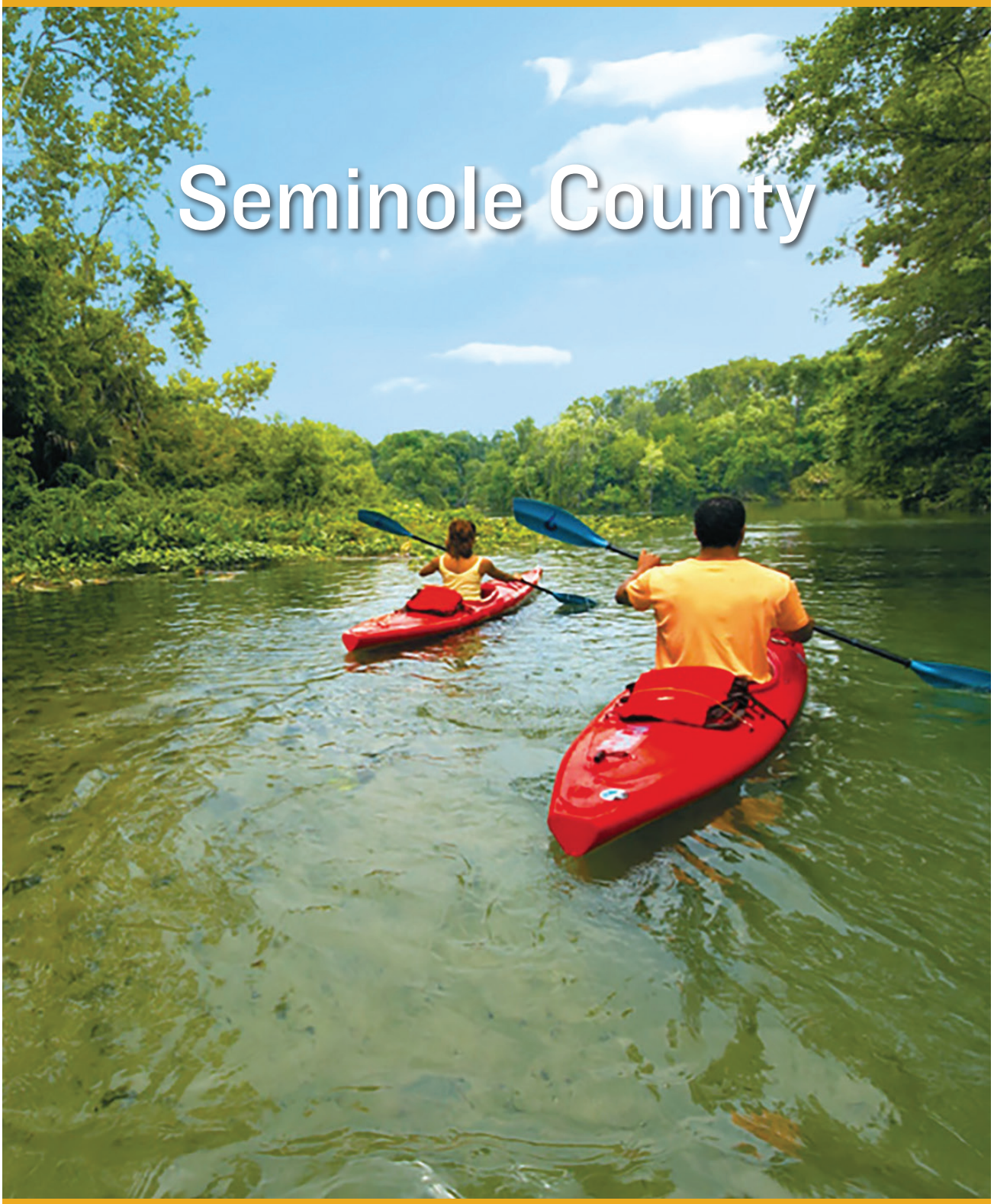
Neighborhood and Built Environment

- Transportation, including public transportation

Social and Community Context

- General awareness of resources[92]

[92] *General awareness of resources spans multiple social drivers of health domains.*


Seminole County

Seminole County Profile

Methodology

The CFC CHNA had a comprehensive methodology that included a mixed method approach consisting of the following components:

- **Data Analysis:** In-depth review of dozens of validated data sources. Information was tabulated and parsed to identify disparities and other insights whenever possible.
- **Primary Qualitative Research:** This component included focus group discussions and key stakeholder interviews.
- **Survey Research:** The community survey provided insights by county on a breadth of key CHNA issues.
- **Access Audit:** "Mystery shopper" calls were conducted during the Access Audit to illuminate real-life customer service and access to care issues.
- **Prioritization Process:** The CFC leadership and approximately 12 to 15 stakeholders in each county participated in a modified Hanlon Method[93], an evidence-based approach which objectively takes into consideration explicitly defined criteria and feasibility factors. The needs prioritization process was conducted at the regional level and at the county level.

Community Engagement



[93] *NACCHO. Guide to Prioritization Techniques. https://www.naccho.org/uploads/downloadable-resources/Gudie-to-Prioritization-Techniques.pdf*

Regional Secondary Data

Seminole County, Florida
Demographic Overview

Total Population
474,912

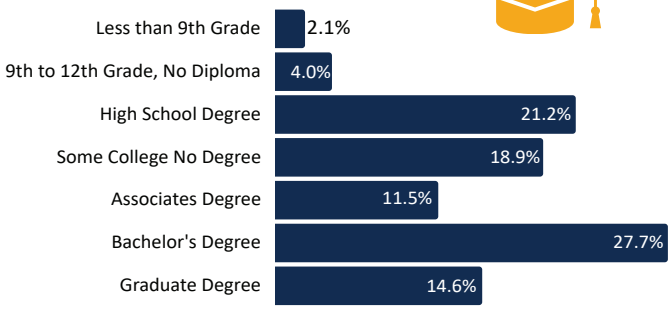
Population by Age

Age Under 18	Age 18-64	Age 65+	Median Age
20.7%	**63.0%**	**16.3%**	**39.8**

Population Change

2010		2023		2032
422,718	**+12.3%**	**474,912**	**+14.5%**	**544,011**

Education



53.9% of Seminole County residents have **earned a higher education degree.**

Race / Ethnicity

62.7%	23.2%	14.0%	11.9%	23.3%
White	Hispanic / Latino	Two or More Races	Black / African American	Speak a Language Other than English at Home

Economic Wellbeing

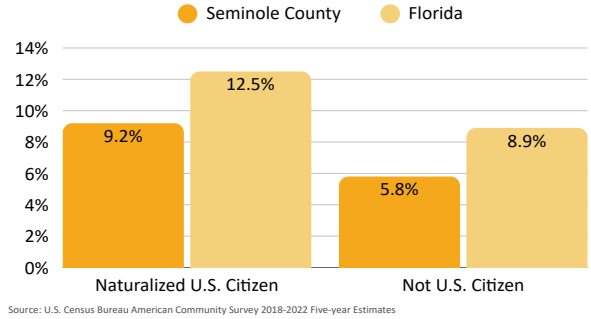
Median Household Income
$83,030

Households Below Poverty Level
9.1%

Unemployment Rate
4.1%

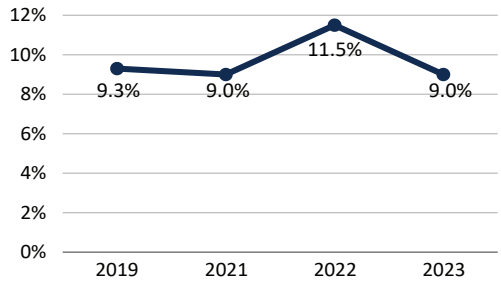
Households Receiving SNAP Benefits
9.1%

Foreign-Born Population



Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Trend of Population Living in Poverty

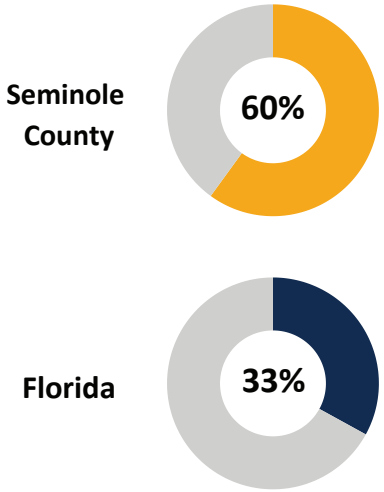


Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Seminole County, Florida

Social Drivers Profile

Households Living Above Federal Poverty Level but Below ALICE Threshold of Financial Survival



Total Housing Units	197,167
Median Household Income	$83,030
Median Home Rent	$1,686
Housing Costs >30% of Income	34.1%
No Vehicle Available	3.9%

Source: United Way, United for ALICE (2022)

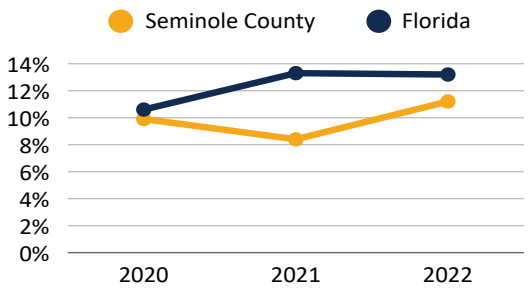
National Low Income Housing Coalition Data

2-Bedroom Fair Market Rent (FMR): $1,857

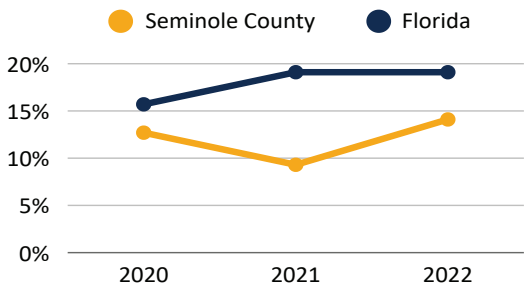
Hourly Wage Necessary to Afford 2-Bedroom FMR:	Annual Income Necessary to Afford 2-Bedroom FMR:	Full Time Jobs Needed at Min. Wage to Afford 2-Bedroom FMR:
$35.71	**$74,280**	**3.0**

Source: National Low Income Housing Coalition. Florida Out of Reach Report, 2024

Food Insecurity (Total Population)



Food Insecurity (Children)



Source: Feeding America, Map the Meal Gap

Seminole County, Florida

Health Profile

Life Expectancy
79.2

Chronic Disease Among Adults

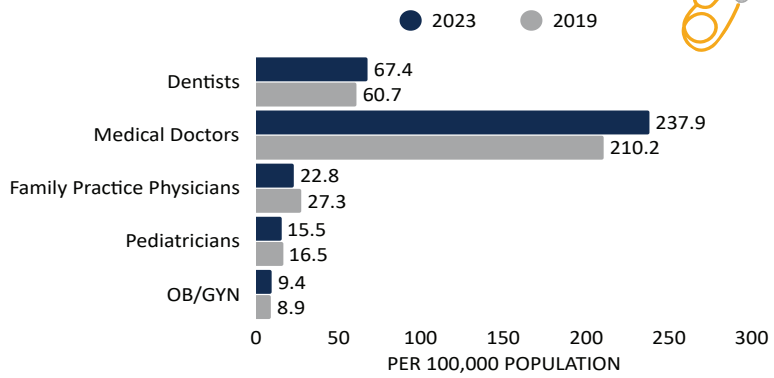
Obesity	Depression	Diabetes	Heart Disease
31.5%	**19.0%**	**11.2%**	**6.5%**

9.5% Uninsured Population

31.4% People with Public Health Insurance

79.6% People with Private Health Insurance

Rate of Licensed Healthcare Providers



Health Risk Behaviors (2022)

Current Tobacco Use
12.3%
2019: 13.5%

Binge Drinking
16.8%
2019: 18.1%

No Leisure-Time for Physical Activity
21.0%
2019: 23.5%

Quality of Life (2022)

Mental Health Not Good (for 14+ Days)	Physical Health Not Good (for 14+ Days)	Fair or Poor Self-Related Health Status
16.1% ↑	**11.5%** ↓	**15.2%** ↓
2019: 13.8%	2019: 12.4%	2019: 17.8%

Causes of Death

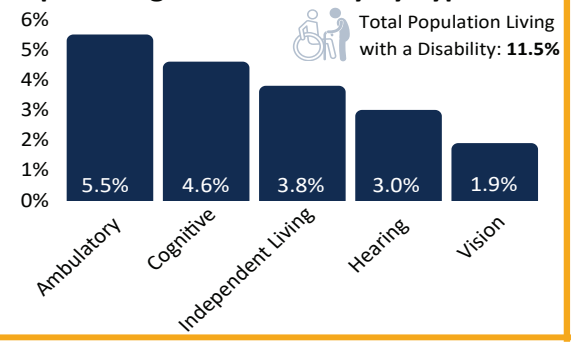
Top Causes (per 100,000 people)

Cancer	**139.8**
Heart Disease	**128.6**
Unintentional Injury	**63.0**

Routine Checkup Visit to Doctor within Past Year
78.1%

Visit to Dentist or Dental Clinic within Past Year
62.1%

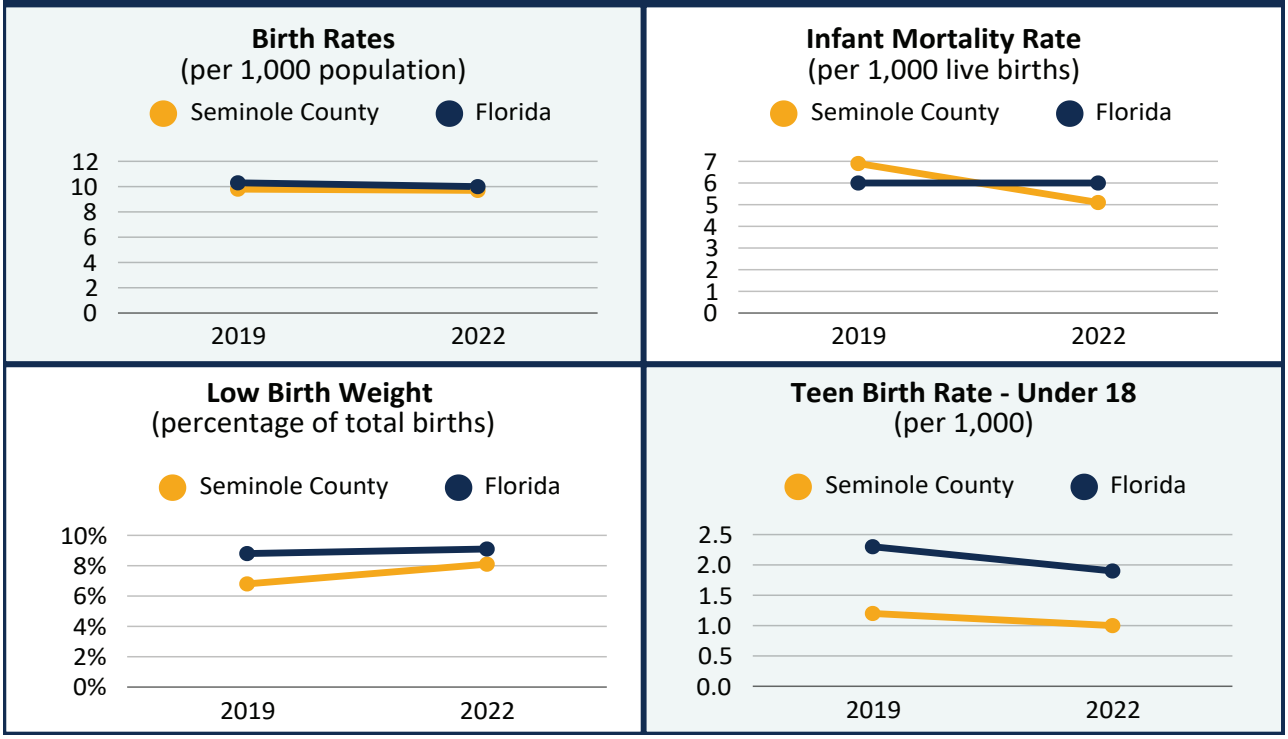
People Living With Disability by Type



Sources: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates | Florida Behavioral Risk Factor SurveillanceSystem | Florida Department of Health, Division of Public Health Statistics & Performance Management. Florida HealthCHARTS, CountyHealth Dashboard Health Resource Availability

Seminole County, Florida

Maternal Health Profile



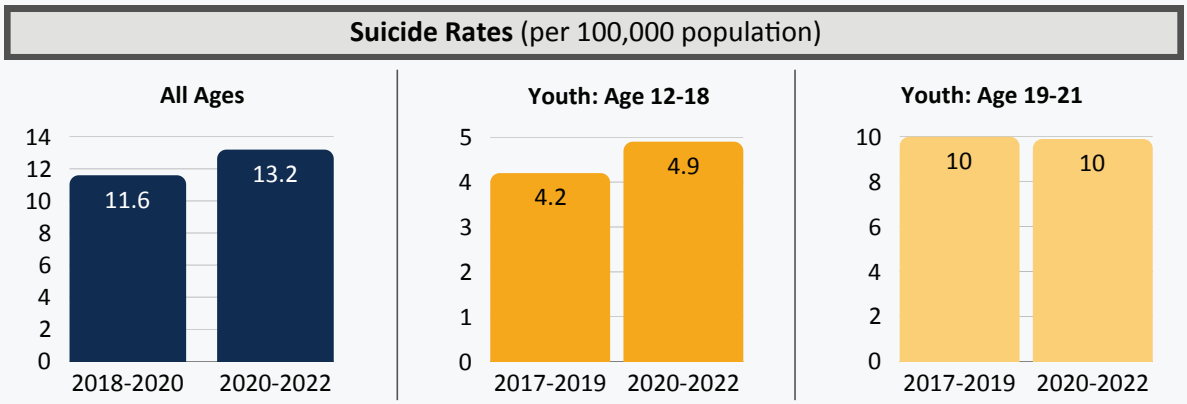
Maternal Characteristics

	Seminole County			Florida		
	2019	2022	Year-Over Year Change	2019	2022	Year-Over Year Change
Births to Unwed Mothers	36.0%	36.2%	↑	46.6%	46.1%	↓
Repeat Births to Mothers Aged 15-17	0.0%	4.2%	↑	6.3%	6.2%	↓
Births to Obese Mothers at Time Pregnancy Occurred	25.4%	28.9%	↑	27.1%	29.5%	↑
Births to Mothers with First Trimester Prenatal Care	80.0%	73.6%	↓	75.9%	71.6%	↓
Births Covered by Medicaid	36.9%	33.9%	↓	46.9%	43.9%	↓

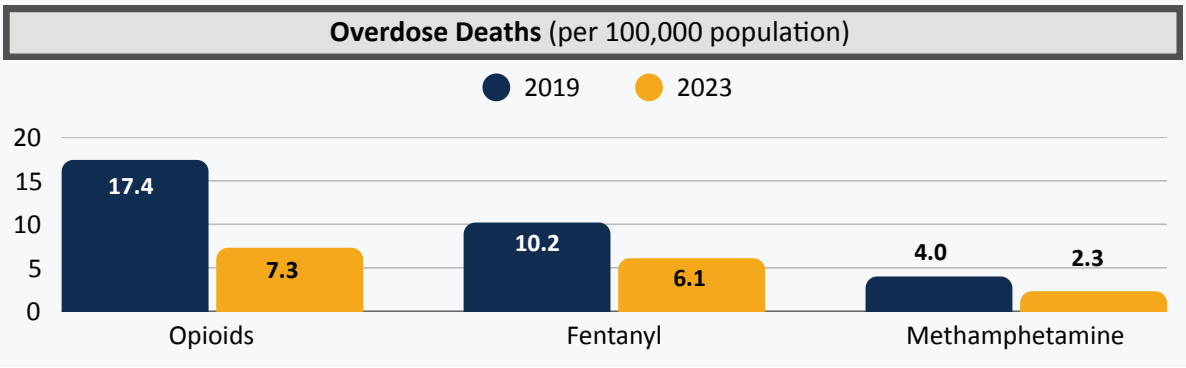
Sources: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Health, Bureau of Vital Statistics | Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Pregnancy and Young Child Profile

Seminole County, Florida

Behavioral Health Profile



Source: Florida Department of Health, Division of Public Health Statistics & Performance Management. Florida HealthCHARTS, Florida Department of Health, Bureau of Vital Statistics



Source: University of Florida Health, Florida Drug-Related Outcomes Surveillance & Tracking System, Summary of Drug Occurences in Decedents

Qualitative Summary

Strengths

Several key strengths of Seminole County that contribute to the well-being of residents were highlighted. One of the most frequently mentioned strengths was the strong **collaborations** between organizations and residents. Participants noted that local leaders are receptive to feedback from residents, which has led to initiatives that are widely regarded as beneficial.

Another major strength emphasized was the county's **school system**, which participants view as a valuable asset that attracts residents to the area. The education opportunities available provide individuals with skills and knowledge necessary for future financial well-being. Of note, some participants pointed out that education opportunities might not be equally accessible, especially for individuals who may feel compelled to enter the workforce earlier due to financial pressures. Despite this, leveraging the school system to promote health was identified as a strategy that could enhance community well-being.

Themes

The most prominent theme discussed by stakeholders and focus group participants was the importance of **trust** in the relationship between residents and healthcare services. Trust is seen as foundational to encouraging individuals to seek care and follow medical guidance. Many participants highlighted the effectiveness of working with trusted community institutions, such as faith-based organizations, to foster trust and engagement with residents. Establishing trust can help residents overcome culturally driven internalized stigma.

Needs

Access to Healthcare

Access to high-quality healthcare services remains a pressing need in Seminole County. The most common barriers to accessing services were **insurance coverage, long wait times** and **high costs**. In particular, individuals who are uninsured or underinsured face significant difficulties accessing care, as many providers do not accept Medicaid. Additionally, navigating the complexities of Medicaid and Medicare can be confusing, creating further obstacles. The affordability of care is a major barrier, especially for specialty services like dental and vision care. Long wait times for primary care providers often lead to individuals seeking emergency care for non-urgent needs, which not only increases costs but also delays treatment and exacerbates health issues.

Behavioral Healthcare

Another major need identified was **access to behavioral healthcare**, which is seen as a critical and urgent area for improvement. Participants noted **gaps in services across the continuum of care**, from prevention to long-term treatment and recovery. **Behavioral healthcare reimbursement parity** was cited as a significant barrier, affecting insurance acceptance and the affordability of services. There is also concern over the increase in **youth substance use**, especially following the COVID-19 pandemic. Participants identified a need for more outpatient therapists for youth and for addressing **behavioral health stigma**, particularly within certain communities that face heightened internalized stigma.

Financial Stress

Food insecurity was also identified as a critical need as it is deeply tied to other challenges such as housing insecurity, transportation and mental health. Access to healthy food is constrained by **affordability** and availability, with residents often having to choose between food and other basic necessities. The impact of food insecurity on stress levels was noted, with families and seniors particularly vulnerable.

Along with food insecurity, **affordable housing** emerged as a key concern. Participants emphasized that the lack of affordable, low-income housing options is contributing to housing insecurity, which in turn can lead to negative health outcomes. The rising cost of housing has left many individuals and families unable to access stable housing and the lack of supportive housing programs further complicates this issue.

Barriers to **employment** were another significant need identified, with participants noting that individuals with a history of legal involvement face heightened barriers. **Childcare** was highlighted as a major barrier to employment, as both the cost and availability of childcare services are prohibitive for many families. This is especially true for low-income households, where the lack of affordable childcare prevents parents from seeking or maintaining jobs. Additionally, the lack of reliable public transportation makes it difficult for residents to access employment opportunities.

Transportation

Participants noted that the **local transportation systems** have not kept pace with the rapid population growth. The challenges posed by unreliable public transportation systems hinder residents' ability to reach essential services and opportunities, such as healthcare, food and employment. Some populations, such as those in rural areas, are disproportionately impacted by these limitations.

Community Survey Highlights

The purpose of the community survey was to enable more people living throughout the CFC service area to share their perspectives on the greatest needs affecting their community.

Methodology

The community survey was made available online and via print copies in English, Spanish, Haitian Creole, Portuguese and Chinese. The questionnaire included closed-ended, need-specific questions for community members to provide input and demographic questions. Organizations distributed invitations to participate through channels including CFC partners, social media, flyers, email listservs and more.

There were 518 responses from Seminole County out of 2,376 total responses from the four-county region.



Back to School Bash | Seminole County

Seminole County

Community Survey Demographic Overview

Total Responses **518**

Respondents by Age

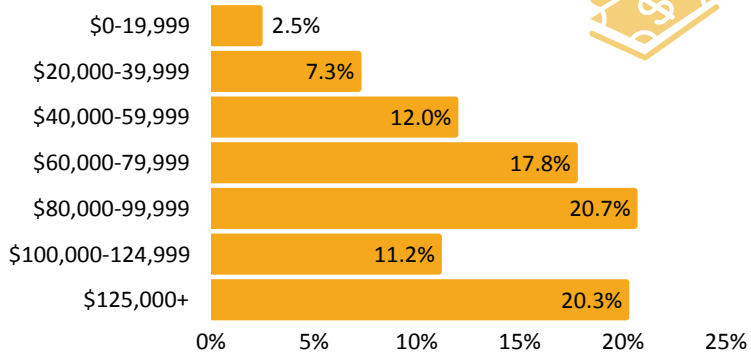
Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
3.0%	**17.1%**	**36.9%**	**15.8%**	**12.6%**	**14.6%**

76.1% White

25.5% Hispanic / Latino

7.4% Black / African American

Household Income

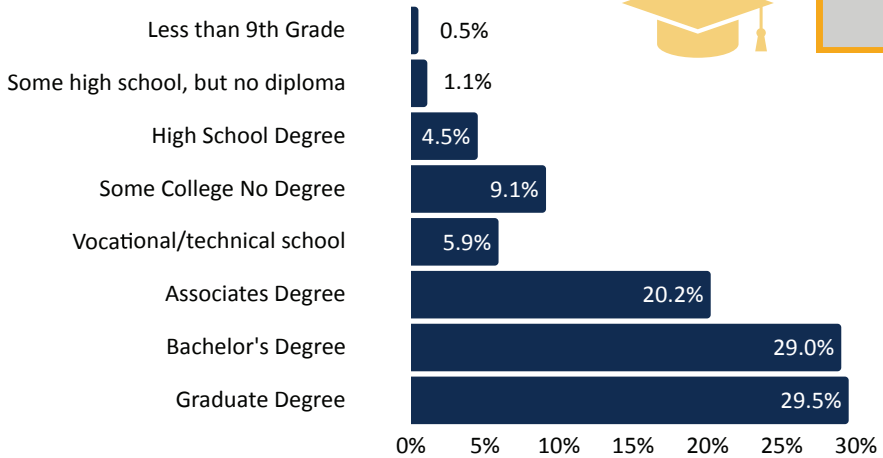


Employed, Full-Time **74.4%**

Veteran **16.6%**

Population Living with a Disability **26.9%**

Education

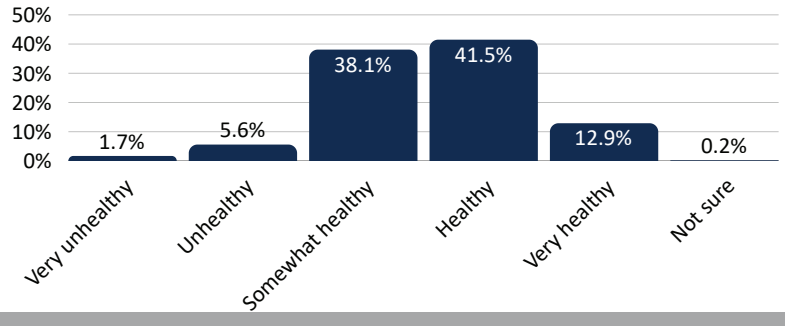


More demographic information of survey respondents is located in the Appendix.

Seminole County

Community Survey Highlights

Personal Health Status



Behavioral Health

1 in 5



Reported Their Mental Health as 'Fair' or 'Poor'

1 in 5



Reported Needing Mental Health Care in the Past 12 Months and Not Receiving It

Top 3 Reasons Why

1. Doctor's office does not have convenient hours
2. Unable to afford to pay for care
3. Unable to find a doctor who knows or understands my culture, identity, beliefs or language

Most Important Health Problems to Address

1. Mental health problems including suicide (16.1%)
2. Illegal drug use/abuse of prescription medication and alcohol use/drinking too much (15.9%)
3. Heart disease/stroke/high blood pressure (15.1%)
4. Motor vehicle crash injuries (11.0%)
5. Maternal mortality/maternal health (8.3%)

1 in 4



Reported Needing Medical Care in the Past 12 Months and Not Receiving It

Top 3 Reasons Why

1. Cannot take time off work
2. Other
3. Do not have insurance to cover medical care

1 in 4



Reported Being Obese

1 in 7

Children Needed Medical Care in the Past 12 Months and Not Receiving It

1 in 7



Children Needed Dental Care in the Past 12 Months and Not Receiving It

1 in 8



Children Needed Behavioral Health Care in the Past 12 Months and Not Receiving It

Top 16 Community Needs

Community needs were identified at regional and county levels through analysis of primary and secondary data. In Seminole County, 33 needs emerged. A modified Hanlon Method, an evidence-based prioritization technique, was used to assess needs across counties and the CFC region, considering defined criteria and feasibility factors.[94] A detailed description of the method is outlined in Appendix G. Seminole County has 16 top needs due to a tie in the final vote. **The top needs are listed below.**

1. Food security
2. Transportation
3. Affordable housing, including for older adults
4. Affordable childcare services
5. Transitional housing for people experiencing homelessness
6. Jobs with livable wages
7. Behavioral health provider shortage, especially prescribing professionals and providers who understand opioid misuse
8. Dental, including additional pediatric dentists
9. Building trust with medically underserved populations
10. Better communication between healthcare organizations and nonprofits
11. Emergency shelter for people experiencing homelessness
12. Impact of social media on the mental health of children
13. Substance use treatment services
14. Linguistically and culturally appropriate healthcare services and resources
15. Healthcare navigation in multiple languages
16. Infrastructure investments in low-income communities, specifically increasing safety

[94] *NACCHO. Guide to Prioritization Techniques. https://www.naccho.org/uploads/downloadable-resources/Gudie-to-Prioritization-Techniques.pdf*

Top 16 Community Needs by Social Driver of Health

Economic Stability

- Food security
- Affordable housing, including for older adults
- Affordable childcare services
- Transitional housing for people experiencing homelessness
- Jobs with livable wages
- Emergency shelter for people experiencing homelessness

Healthcare Access and Quality

- Behavioral health provider shortage, especially prescribing professionals and providers who understand opioid misuse
- Dental, including additional pediatric dentists
- Better communication between healthcare organizations and nonprofits
- Impact of social media on the mental health of children
- Substance use treatment services
- Healthcare navigation in multiple languages

Neighborhood and Built Environment

- Transportation
- Infrastructure investments in low-income communities, specifically increasing safety

Social and Community Context

- Building trust with medically underserved populations
- Linguistically and culturally appropriate healthcare services and resources



Packing food bags at Hearts, Hands & Hope | Seminole County



Appendix

CHAPTER 8

Appendix: A to L



Appendix A: Secondary Data

Population

POPULATION GROWTH AND PROJECTIONS

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
2023	332,387,540	21,928,881	398,696	1,440,471	406,943	474,912
2010	308,745,538	18,801,310	297,056	1,145,957	268,683	422,718
2010-2023 Percent Change	**+7.7%**	**+16.6%**	**+34.2%**	**+25.7%**	**+51.5%**	**+12.3%**
2032	364,066,358	25,075,386	481,715	1,728,849	507,034	544,011
2023-2032 Percent Change	**+9.5%**	**+14.3%**	**+20.8%**	**+20.0%**	**+24.6%**	**+14.5%**

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

GENDER

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
Male	49.5%	49.1%	48.7%	49.2%	49.6%	48.7%
Female	50.5%	50.9%	51.3%	50.8%	50.4%	51.3%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

AGE GROUPS

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
Under 5	5.7%	5.1%	4.7%	5.7%	6.0%	5.0%
5 to 9	6.0%	5.3%	5.5%	5.9%	6.6%	5.9%
10 to 14	6.5%	5.8%	5.4%	6.3%	7.1%	5.9%
15 to 19	6.6%	5.8%	5.2%	6.7%	6.9%	6.0%
20 to 24	6.5%	5.8%	4.7%	7.3%	6.4%	5.9%
25 to 34	13.7%	12.6%	11.0%	16.0%	14.2%	14.3%
35 to 44	13.1%	12.5%	11.4%	14.7%	14.8%	14.5%
45 to 54	12.3%	12.4%	11.7%	13.0%	13.4%	13.4%
55 to 59	6.4%	6.8%	6.5%	6.1%	5.9%	6.3%
60 to 64	6.4%	6.8%	7.2%	5.5%	5.3%	6.5%
65 to 74	10.0%	11.7%	14.3%	7.8%	8.1%	9.6%
75 to 84	4.9%	6.8%	9.2%	3.6%	3.9%	4.8%
85 and older	1.9%	2.6%	3.2%	1.4%	1.4%	1.9%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

YOUTH AND OLDER ADULT POPULATION

	United States		Florida		Lake County		Orange County		Osceola County		Seminole County	
	2019	2023	2019	2023	2019	2023	2019	2023	2019	2023	2019	2023
Under 5	6.1%	5.7%	5.4%	5.1%	4.9%	4.7%	6.1%	5.7%	6.4%	6.0%	5.3%	5.0%
Under 18	22.6%	22.2%	20.0%	19.6%	19.3%	19.1%	22.4%	21.6%	24.6%	24.0%	21.2%	20.7%
65 and Older	15.6%	16.8%	20.1%	21.1%	26.5%	26.6%	11.6%	12.8%	13.0%	13.4%	15.2%	16.3%

Source: U.S. Census Bureau American Community Survey 2015-2019 and 2019-2023 Five-year Estimates

MEDIAN AGE

United States		Florida		Lake County		Orange County		Osceola County		Seminole County	
2019	2023	2019	2023	2019	2023	2019	2023	2019	2023	2019	2023
38.1	38.7	42.0	42.6	46.9	46.7	35.1	36.4	35.9	37.0	39.2	39.8

Source: U.S. Census Bureau American Community Survey 2015-2019 and 2019-2023 Five-year Estimates

POPULATION BY RACE[95]

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
American Indian and Alaska Native	0.9%	0.3%	0.2%	0.3%	0.3%	0.2%
Asian	5.8%	2.9%	2.1%	5.3%	2.9%	5.2%
Black/African American	12.4%	15.3%	10.1%	20.3%	11.0%	11.9%
Native Hawaiian and Other Pacific Islander	0.2%	0.1%	0.2%	0.1%	0.1%	0.0%
Some Other Race	6.6%	5.6%	3.6%	8.6%	22.8%	6.0%
Two or More Races	10.7%	15.9%	13.2%	18.8%	19.5%	14.0%
White	63.4%	59.9%	70.6%	46.6%	43.4%	62.7%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

[95] *Race alone are those "people who responded to the question on race by indicating only one race are referred to as the race alone population, or the group who reported only one race. https://www.census.gov/glossary/?term=Race+alone*

POPULATION BY ETHNICITY

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
2023						
Hispanic/Latino of any race	**19.0%**	**26.7%**	**17.9%**	**33.2%**	**55.0%**	**23.2%**
Mexican	11.3%	3.3%	3.0%	3.0%	2.2%	2.1%
Puerto Rican	1.8%	5.5%	7.9%	13.9%	27.8%	9.5%
Cuban	0.7%	7.1%	1.7%	2.7%	3.0%	2.4%
Other Hispanic/Latino	5.2%	10.8%	5.4%	13.6%	22.0%	9.2%
2019						
Hispanic/Latino of any race	**18.0%**	**25.6%**	**15.6%**	**31.6%**	**54.1%**	**21.4%**
Mexican	11.2%	3.5%	3.6%	3.2%	2.7%	1.8%
Puerto Rican	1.7%	5.4%	6.2%	14.8%	32.2%	10.0%
Cuban	0.7%	7.3%	1.3%	2.9%	2.5%	2.1%
Other Hispanic/Latino	4.3%	9.4%	4.6%	10.8%	16.7%	7.5%

Source: U.S. Census Bureau American Community Survey 2015-2019 and 2019-2023 Five-year Estimates

LANGUAGE SPOKEN AT HOME

Population Over Age 5	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
English Only	78.0%	69.8%	84.2%	62.1%	46.4%	76.7%
Spanish	13.4%	22.1%	12.1%	26.0%	46.2%	15.9%
Asian-Pacific Islander	3.5%	1.6%	1.0%	2.8%	1.5%	2.5%
Other Indo-European	3.8%	5.6%	2.4%	8.0%	4.9%	4.1%
Other	1.3%	0.9%	0.3%	1.1%	1.0%	0.8%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

FOREIGN-BORN POPULATION

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
Naturalized U.S. Citizen	7.3%	12.5%	6.4%	11.8%	12.4%	9.2%
Not U.S. Citizen	6.6%	8.9%	4.1%	11.6%	12.6%	5.8%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Population Living With a Disability

POPULATION LIVING WITH A DISABILITY[96]

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
Total Population Living with a Disability	42,703,063	2,924,178	62,677	160,460	53,617	54,484
Percentage of the Total Population	12.8%	13.3%	15.7%	11.1%	13.2%	11.5%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

POPULATION LIVING WITH DISABILITY BY TYPE OF DIFFICULTY

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
Ambulatory Difficulty	6.3%	6.9%	7.9%	5.2%	6.3%	5.5%
Cognitive Difficulty	5.1%	5.1%	5.5%	4.8%	5.8%	4.6%
Independent Living Difficulty	4.5%	4.7%	5.2%	3.9%	4.8%	3.8%
Hearing Difficulty	3.6%	3.8%	5.2%	2.5%	2.7%	3.0%
Vision Difficulty	2.4%	2.5%	2.7%	2.2%	2.7%	1.9%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

POPULATION LIVING WITH A DISABILITY BY AGE GROUP

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
Under 5	0.7%	0.6%	1.7%	0.6%	0.5%	0.8%
5 to 17	6.1%	6.5%	7.8%	6.8%	9.5%	5.8%
18 to 34	7.7%	7.0%	7.6%	6.3%	8.4%	6.8%
35 to 64	12.4%	11.7%	13.4%	10.8%	11.5%	10.5%
65 to 74	24.0%	22.0%	21.3%	24.4%	28.0%	21.3%
75 and Older	46.5%	43.4%	44.2%	48.5%	53.7%	43.2%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

[96] *The percentage of civilian noninstitutionalized population living with a disability. The Census Bureau defines the civilian noninstitutionalized population as including "all U.S. civilians not residing in institutional group quarters facilities such as correctional institutions, juvenile facilities, skilled nursing facilities, and other long – term care living arrangements." https://www.census.gov/glossary/?term=Civilian+noninstitutionalized+population*

POPULATION LIVING WITH A DISABILITY BY RACE

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
American Indian and Alaska Native	15.7%	15.5%	13.0%	19.0%	8.8%	19.5%
Asian	7.9%	8.8%	9.4%	8.8%	10.9%	8.2%
Black/African American	14.5%	12.2%	11.6%	11.1%	12.5%	13.5%
Native Hawaiian and Other Pacific Islander	12.7%	11.7%	13.6%	7.4%	16.6%	4.4%
Some Other Race	10.0%	11.2%	15.6%	12.9%	13.5%	11.2%
Two or More Races	10.9%	10.7%	10.4%	10.9%	13.0%	9.3%
White	13.9%	15.1%	17.7%	11.4%	13.5%	12.0%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

POPULATION LIVING WITH A DISABILITY BY ETHNICITY

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
Hispanic/Latino	9.9%	10.5%	11.8%	11.6%	13.0%	10.4%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Education Access and Quality

EDUCATIONAL ATTAINMENT

Population Age 25 and Older	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
Less than 9th Grade	4.7%	4.3%	2.8%	4.4%	5.1%	2.1%
9th to 12th Grade, No Diploma	5.9%	6.1%	6.3%	5.7%	6.3%	4.0%
High School Degree	26.2%	27.4%	30.9%	23.8%	28.4%	21.2%
Some College No Degree	19.4%	18.9%	21.8%	16.8%	20.6%	18.9%
Associate's Degree	8.8%	10.1%	11.4%	10.9%	11.3%	11.5%
Bachelor's Degree	21.3%	20.7%	17.2%	24.5%	19.6%	27.7%
Graduate Degree	13.7%	12.5%	9.6%	13.9%	8.7%	14.6%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

POPULATION WITH A BACHELOR'S DEGREE OR HIGHER BY RACE

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
American Indian and Alaska Native	16.2%	20.1%	23.4%	28.2%	30.7%	25.1%
Asian	57.0%	53.2%	47.4%	54.7%	48.1%	62.0%
Black/African American	24.7%	22.3%	22.1%	23.9%	26.0%	31.9%
Native Hawaiian and Other Pacific Islander	19.0%	25.8%	0.0%	16.3%	0.0%	2.6%
Some Other Race	15.6%	23.6%	17.8%	24.9%	24.5%	32.9%
Two or More Races	28.2%	31.5%	28.9%	36.4%	27.3%	38.8%
White	37.7%	35.9%	26.9%	45.4%	29.6%	44.2%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

POPULATION WITH A BACHELOR'S DEGREE OR HIGHER BY ETHNICITY

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
Hispanic/Latino	19.9%	28.3%	25.1%	29.8%	24.8%	34.6%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

HIGH SCHOOL GRADUATION RATE[97]

School Year	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2022-2023	88.0%	←	89.8%	←	89.1%	←	84.8%	←	91.7%	←
2020-2021	90.1%	→	90.6%	→	90.4%	→	89.7%	←	95.5%	→
2018-2019	86.9%	—	86.8%	—	88.4%	—	90.0%	—	92.8%	—

Source: Florida Department of Education

KINDERGARTEN PUBLIC SCHOOL ENROLLMENT

Florida			Lake County			Orange County			Osceola County			Seminole County		
2019	2024	+/-	2019	2024	+/-	2019	2024	+/-	2019	2024	+/-	2019	2024	+/-
200,918	195,464	←	3,248	3,473	→	14,645	13,773	←	4,484	4,775	→	4,641	4,161	←

Source: Florida Department of Education

[97] *The percentage of students who graduated with a standard diploma within four years of their initial enrollment in ninth grade.*

Economic Wellbeing

Poverty

POPULATION LIVING IN POVERTY[98]

United States	Florida	Lake County	Orange County	Osceola County	Seminole County
12.4%	12.6%	9.5%	13.0%	12.5%	9.2%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TREND OF POPULATION LIVING IN POVERTY[99]

	United States	+/-	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2023	12.5%	→	12.3%	→	10.8%	←	12.4%	→	10.6%	→	9.0%	→
2022	12.6%	→	12.7%	→	9.2%	=	12.5%	→	13.5%	→	11.5%	←
2021	12.8%	←	13.1%	←	9.2%	→	15.0%	←	13.7%	→	9.0%	→
2019	12.3%	—	12.7%	—	11.2%	—	12.6%	—	14.5%	—	9.3%	—

Source: U.S. Census Bureau American Community Survey One-year Estimates

HOUSEHOLDS LIVING BELOW THE POVERTY LEVEL

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
2023	12.5%	12.6%	10.0%	12.8%	12.5%	9.1%
2010	13.1%	13.0%	10.0%	13.3%	13.6%	8.4%
Percent Change	**-5.2%**	**-3.0%**	**+0.0%**	**-3.7%**	**-8.1%**	**+8.3%**

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

POPULATION LIVING IN POVERTY BY AGE

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
Under 5	17.6%	18.2%	16.9%	18.1%	13.4%	10.8%
Under 18	16.3%	16.9%	12.8%	16.8%	15.6%	10.1%
18 to 64	11.6%	11.6%	9.1%	12.0%	10.9%	9.2%
65 and Older	10.4%	11.4%	7.8%	12.1%	14.0%	8.0%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

[98] *The percentage of people in poverty are persons with income in the past 12 months below the federal poverty level. https://www.census.gov/programs – surveys/acs*

[99] *The U.S. Census Bureau did not release its standard 1 – year estimates from the 2020 American Community Survey (ACS) because of the impacts of the COVID – 19 pandemic on data collection. https://www.census.gov/programs – surveys/acs/technical – documentation/user – notes/2021 – 02.html#:~:text=The%20U.S.%20Census%20Bureau%20did,2020%20ACS%201%2Dyear%20data*

POPULATION LIVING IN POVERTY BY RACE

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
American Indian and Alaska Native	21.8%	17.9%	5.9%	20.7%	0.9%	27.2%
Asian	9.9%	10.1%	7.1%	9.7%	8.9%	7.5%
Black/African American	21.3%	19.5%	14.1%	17.0%	14.8%	16.6%
Native Hawaiian and Other Pacific Islander	17.2%	12.8%	23.6%	1.4%	15.8%	0.0%
Some Other Race	18.2%	18.0%	10.0%	19.0%	15.4%	11.4%
Two or More Races	14.7%	13.5%	9.2%	14.0%	12.0%	9.6%
White	9.9%	10.2%	8.9%	10.2%	10.9%	7.6%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

POPULATION LIVING IN POVERTY BY ETHNICITY

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
Hispanic/Latino	16.9%	15.1%	10.9%	15.7%	14.2%	11.4%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

HOUSEHOLDS RECEIVING SNAP BENEFITS[100]

United States	Florida	Lake County	Orange County	Osceola County	Seminole County
11.8%	12.6%	9.9%	14.1%	17.4%	9.1%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

WOMEN, INFANTS AND CHILDREN (WIC) ELIGIBLES SERVED[101]

Florida	Lake County	Orange County	Osceola County	Seminole County
66.2%	66.8%	62.0%	99.6%	58.4%

Source: Florida Department of Health, Bureau of Vital Statistics, Florida Department of Health, Division of Public Health Statistics and Performance Management, Florida Department of Health, WIC and Nutrition Services, 2021-2023

[100] *The Supplemental Nutrition Assistance Program (SNAP) is the name for what was formerly known as the federal Food Stamp Program, as of October 1, 2008. SNAP is a low-income assistance program that is uniform in its eligibility requirements and benefit levels across states (except for Alaska and Hawaii). While the definitions of income, household composition, and the resource income cutoffs are different from those used in the official measure of poverty, a household's eligibility for the program is determined by a standard that is tied to the poverty level. (U.S. Census Bureau)*

[101] *WIC eligibles include pregnant and post – partum women and children ages 0-4. Knowing the proportion of those in need who are served supports promoting healthful diets and healthy weight to optimize health status and quality of life. The percent of WIC eligibles served is the number served divided by the estimated number in need, expressed as a percentage.*

ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED HOUSEHOLDS (ALICE)

	Florida	Lake County	Orange County	Osceola County	Seminole County
Households living above the federal poverty level but below ALICE threshold of financial survival[102]	33.0%	54.0%	54.0%	47.0%	60.0%
Households living above the ALICE threshold of financial survival[103]	46.0%	36.0%	33.0%	39.0%	29.0%

Source: United Way, United for ALICE (2022)

Employment and Income

Trend of ANNUAL Median Household Income[104]

	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2023	$73,311	→	$70,730	→	$79,053	→	$77,466	→	$80,547	←
2022	$69,303	→	$67,559	→	$72,324	→	$63,271	→	$80,550	→
2021	$63,062	→	$64,795	→	$64,833	→	$60,585	→	$70,236	→
2019	$59,227	—	$57,588	—	$63,461	—	$51,760	—	$70,190	—

Source: U.S. Census Bureau American Community Survey One-year Estimates

MEDIAN HOUSEHOLD INCOME, PERCENT CHANGE

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
2023	$78,538	$71,711	$69,956	$77,011	$68,711	$83,030
2010	$52,762	$47,827	$50,009	$55,425	$49,017	$64,019
Percent Change	**+48.9%**	**+49.9%**	**+39.9%**	**+38.9%**	**+40.2%**	**+29.7%**

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

[102] The percentage of households living above the federal poverty level but below the ALICE (Asset Limited, Income Constrained, Employed) threshold of financial survival. The ALICE Household Survival Budget is the bare minimum cost of household basics necessary to live and work in the current economy. These basic budget items include housing, child care, food, transportation, health care, and technology, plus taxes and a contingency fund (miscellaneous) equal to 10% of the household budget.

[103] *The percentage of households living above the ALICE (Asset Limited, Income Constrained, Employed) threshold of financial survival. The ALICE Household Survival Budget is the bare minimum cost of household basics necessary to live and work in the current economy. These basic budget items include housing, child care, food, transportation, health care, and technology, plus taxes and a contingency fund (miscellaneous) equal to 10% of the household budget.*

[104] *The U.S. Census Bureau did not release its standard one – year estimates from the 2020 ACS because of the impacts of the COVID – 19 pandemic on data collection. https://www.census.gov/programs – surveys/acs/technical – documentation/table – and – geography – changes/2020/1 – year.html*

MEDIAN HOUSEHOLD INCOME BY RACE

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
American Indian and Alaska Native	$59,393	$67,217	$68,981	$64,905	$114,942	$85,197
Asian	$113,106	$92,402	$79,438	$97,810	$90,166	$105,300
Black/African American	$53,444	$54,426	$59,550	$59,900	$61,363	$60,351
Native Hawaiian and Other Pacific Islander	$78,640	$80,763	ND	$94,107	ND	$76,927
Some Other Race	$65,558	$61,497	$67,614	$58,201	$57,740	$75,091
Two or More Races	$73,412	$69,877	$74,629	$72,432	$76,916	$71,594
White	$83,784	$76,644	$70,860	$89,814	$72,065	$89,790

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

MEDIAN HOUSEHOLD INCOME BY ETHNICITY

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
Hispanic/Latino	$68,890	$66,556	$67,290	$65,991	$63,828	$68,819

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

UNEMPLOYED POPULATION BY RACE[105]

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
American Indian and Alaska Native	4.8%	3.3%	0.0%	5.7%	0.0%	3.1%
Asian	2.8%	2.5%	1.7%	3.0%	3.1%	1.9%
Black/African American	5.4%	4.6%	4.6%	5.8%	3.1%	3.6%
Native Hawaiian and Other Pacific Islander	4.6%	4.8%	0.0%	10.1%	0.0%	0.6%
Some Other Race	4.2%	3.3%	2.3%	3.9%	4.4%	2.1%
Two or More Races	4.3%	3.2%	4.4%	3.9%	4.3%	2.8%
White	2.7%	2.3%	2.3%	2.8%	2.7%	2.7%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

UNEMPLOYED POPULATION BY ETHNICITY

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
Hispanic/Latino	4.1%	3.0%	3.3%	3.6%	3.6%	2.5%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

[105] *The percentage of unemployed population aged 16 and older of selected race.*

Neighborhood and Built Environment

Household and Housing Profile

GRANDPARENTS RESPONSIBLE FOR GRANDCHILDREN[106]

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
With No Parent Present	38.7%	36.8%	32.8%	35.5%	44.4%	31.8%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TRANSPORTATION AND COMMUTE

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
No Vehicles Available	8.3%	5.9%	4.0%	5.4%	4.4%	3.9%
Commute Mean Travel Time (in minutes)	26.6	28.0	29.9	28.4	35.4	27.2
Working Population with a Commute Time to Work of One Hour or More	7.6%	7.4%	9.1%	6.0%	13.4%	6.0%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

INTERNET ACCESS

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
Households Without Internet Access	7.7%	6.8%	6.0%	5.1%	5.5%	3.9%
Households Without Access to Either a Computer or Internet Subscription	7.6%	7.5%	6.5%	5.9%	6.6%	4.8%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

[106] *The percentage of grandchildren under 18 living in a grandparent household where the grandparent is responsible for the grandchildren with no presence of a parent.*

HOUSING SUMMARY

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
Total Housing Units	142,332,876	10,082,356	182,666	576,450	164,195	197,167
Owner-occupied Households Without Mortgage	38.8%	43.4%	44.4%	32.2%	31.7%	33.4%
Housing Units That Are Either Vacant or For Rent	5.5%	7.6%	9.2%	10.8%	6.9%	6.5%
Median Home Rent	$1,348	$1,564	$1,468	$1,675	$1,651	$1,686
Median Home Value	$303,400	$325,000	$287,900	$358,300	$317,600	$357,300

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

COST-BURDENED HOUSEHOLDS[107]

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
Housing costs 30% or more of income	30.7%	35.6%	30.5%	38.4%	41.2%	34.1%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

SEVERELY COST-BURDENED LOW-INCOME HOUSEHOLDS[108]

United States	Florida	Lake County	Orange County	Osceola County	Seminole County
31.0%	35.9%	25.8%	40.4%	39.0%	37.9%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

FAIR MARKET RENT[109]

	Lake County	Orange County	Osceola County	Seminole County
1 Bedroom	$1,638	$1,638	$1,638	$1,638
2 Bedrooms	$1,857	$1,857	$1,857	$1,857
3 Bedrooms	$2,362	$2,362	$2,362	$2,362
4 Bedrooms	$2,849	$2,849	$2,849	$2,849
5 Bedrooms	$3,276	$3,276	$3,276	$3,276
6 Bedrooms	$3,704	$3,704	$3,704	$3,704

Source: U.S. Department of Housing and Urban Development HOME Rent and Income Limits

[107] *The percentage of occupied housing units whose selected monthly costs as a percentage of household income is greater than 30%. This is a combination of both owner occupied, and renter occupied housing units.*

[108] *The percentage of households (owner or renter) whose monthly housing costs (including utilities) exceed 50% of their monthly income.*

[109] *Fair Market Rents represent the 40th percentile Gross Rental Housing Costs for a given area, including the contract cost of rent as well as utilities. Fair Market Rents (FMRs) are used to determine payment standard amounts for the Housing Choice Voucher program, to determine initial renewal rents for some expiring project – based Section 8 contracts, to determine initial rents for housing assistance payment (HAP) contracts in the Moderate Rehabilitation Single Room Occupancy program (Mod Rehab), rent ceilings for rental units in both the HOME Investment Partnerships program and the Emergency Solution Grants program, calculation of maximum award amounts for Continuum of Care recipients and the maximum amount of rent a recipient may pay for property leased with Continuum of Care funds, and calculation of flat rents in Public Housing units.*

NATIONAL LOW-INCOME HOUSING COALITION: HOUSING COSTS

	Florida	Lake County	Orange County	Osceola County	Seminole County
Hourly wage necessary to afford a 2-bedroom Fair Market Rate	$35.24	$35.71	$35.71	$35.71	$35.71
Annual income needs to afford a 2-bedroom at Fair Market Rate	$73,308	$74,280	$74,280	$74,280	$74,280
Full-time jobs at minimum wage to afford a 2-bedroom at Fair Market Rate	2.9	3.0	3.0	3.0	3.0

Source: National Low Income Housing Coalition. Florida Out of Reach Report, 2024

NATIONAL LOW-INCOME HOUSING COALITION: RENTER COSTS

	Florida	Lake County	Orange County	Osceola County	Seminole County
Estimated hourly mean renter wage	$22.63	$18.19	$23.10	$17.48	$22.06
Monthly rent affordable at mean renter wage	$1,177	$946	$1,201	$909	$1,147
Full-time jobs at mean renter wage to afford a 2-bedroom at Fair Market Rate	1.6	2.0	1.5	2.0	1.6

Source: National Low Income Housing Coalition. Florida Out of Reach Report, 2024

Housing Insecurity

TREND OF ANNUAL POINT-IN-TIME COUNTS

	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2024	31,462	←	277	←	2,090	←	353	→	440	←
2023	30,756	←	228	←	1,626	←	358	←	274	→
2022	25,959	←	141	→	1,532	←	339	←	280	←
2021[110]	21,141	→	223	–	1,162	→	173	→	209	→
2020	27,679	→	ND	–	1,401	→	234	←	372	←
2019	28,590	→	254	→	1,544	←	214	→	252	→
2018	29,717	—	312	—	1,539	—	226	—	288	—

Source: Florida's Council on Homelessness 2024 Annual Report

[110] *The 2021 Point in Time Count numbers are not comparable to the previous or current years' counts. Typically, CoCs conduct a PIT Count of both sheltered and unsheltered households. In 2021, due to COVID – 19 related safety concerns, only six of the 27 CoCs conducted such a count; 10 CoCs did not conduct an unsheltered count; and others conducted a modified form of the unsheltered count. All CoCs conducted a sheltered PIT count. For those that did not conduct an unsheltered count, the CoCs reported zero unsheltered persons, resulting in an undercount of homelessness*

DEPARTMENT OF EDUCATION HOMELESS STUDENT COUNT

School Year	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2022-2023	94,902	←	1,722	←	7,898	←	3,777	←	2,686	←
2021-2022	78,277	—	1,692	—	5,556	—	2,943	—	1,934	—

Source: Florida's Council on Homelessness 2022 and 2024 Annual Report

Built Environment and Food Security

AIR POLLUTION[111]

Florida	Lake County	Orange County	Osceola County	Seminole County
ND	ND	0.0%	ND	0.0%

Source: Florida's Department of Environmental Protection, 2020

POPULATION LIVING WITHIN 0.5 MILES OF A PARK

Florida			Lake County			Orange County			Osceola County			Seminole County		
2019	2022	+/-	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-
40.1%	43.0%	→	21.3%	23.2%	→	25.5%	30.4%	→	21.8%	24.2%	→	38.7%	41.4%	→

Source: Florida Environmental Public Health Tracking

[111] *Air Pollution: The percentage of days with particulate matter (PM2.5) levels over the National Ambient Air Quality Standard. https://www.floridatracking.com/healthtracking/mapview.htm?i=1440andg=3andt=2020andta=0andit=1*

FOOD INSECURITY

	Florida							Lake County						
	2019	2020	+/-	2021	+/-	2022	+/-	2019	2020	+/-	2021	+/-	2022	+/-
Total Population	**12.0%**	**10.6%**	→	**13.3%**	←	**13.2%**	→	**11.9%**	**12.4%**	←	**13.9%**	←	**12.0%**	→
Children	16.8%	15.7%	→	19.1%	←	19.1%	=	17.6%	18.3%		20.9%	←	17.6%	→
50-59	ND	ND	—	6.7%	—	9.0%	←	ND	ND	—	9.4%	—	11.9%	←
60 and Older	ND	ND	—	8.5%	—	10.0%	←	ND	ND	—	7.1%	—	8.7%	←

	Florida							Orange County						
	2019	2020	+/-	2021	+/-	2022	+/-	2019	2020	+/-	2021	+/-	2022	+/-
Total Population	**12.0%**	**10.6%**	→	**13.3%**	←	**13.2%**	→	**11.2%**	**12.8%**	←	**10.2%**	→	**12.4%**	←
Children	16.8%	15.7%	→	19.1%	←	19.1%	=	16.0%	20.8%	←	14.8%	→	18.9%	←
50-59	ND	ND	—	6.7%	—	9.0%	←	ND	ND	—	9.4%	—	11.9%	←
60 and Older	ND	ND	—	8.5%	—	10.0%	←	ND	ND	—	7.1%	—	8.7%	←

	Florida							Osceola County						
	2019	2020	+/-	2021	+/-	2022	+/-	2019	2020	+/-	2021	+/-	2022	+/-
Total Population	**12.0%**	**10.6%**	→	**13.3%**	←	**13.2%**	→	**11.1%**	**13.8%**	←	**10.8%**	→	**13.7%**	←
Children	16.8%	15.7%	→	19.1%	←	19.1%	=	15.8%	22.3%	←	14.1%	→	17.6%	←
50-59	ND	ND	—	6.7%	—	9.0%	←	ND	ND	—	ND	—	11.9%	—
60 and Older	ND	ND	—	8.5%	—	10.0%	←	ND	ND	—	ND	—	ND	—

	Florida							Seminole County						
	2019	2020	+/-	2021	+/-	2022	+/-	2019	2020	+/-	2021	+/-	2022	+/-
Total Population	**12.0%**	**10.6%**	→	**13.3%**	←	**13.2%**	→	**10.1%**	**9.9%**	→	**8.4%**	→	**11.2%**	←
Children	16.8%	15.7%	→	19.1%	←	19.1%	=	13.0%	12.7%	←	9.3%	→	14.1%	←
50-59	ND	ND	—	6.7%	—	9.0%	←	ND	ND	—	ND	—	11.9%	—
60 and Older	ND	ND	—	8.5%	—	10.0%	←	ND	ND	—	ND	—	ND	—

Source: Feeding America, Map the Meal Gap

Mortality and Morbidity

ANNUAL AGE-ADJUSTED MORTALITY RATE

	Florida	Lake County	Orange County	Osceola County	Seminole County
Deaths per 100,000 population	762.7	808.8	729.2	804.5	724.9

Source: Florida Department of Health, Bureau of Vital Statistics, Florida Department of Health, Division of Public Health Statistics and Performance Management, 2020-2022

LIFE EXPECTANCY

Florida	Lake County	Orange County	Osceola County	Seminole County
78.0	77.1	79.1	77.8	79.2

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management, 2020-2022

AGE-ADJUSTED MORTALITY RATES FOR LEADING CAUSES OF DEATH

Per 100,000 Population	Florida			Lake County			Orange County		
	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-
Heart Disease	146.5	145.5	→	161.3	160.5	→	148.8	142.8	→
Cancer	146.0	138.3	→	157.7	151.5	→	148.8	131.4	→
Unintentional Injury	55.0	69.9	←	73.0	86.1	←	51.7	57.3	→
Stroke	40.7	45.2	←	33.3	45.7	←	45.3	54.8	←
Chronic Lower Respiratory Disease	38.1	32.2	→	43.5	38.2	→	31.7	26.4	→
Diabetes	20.3	23.4	←	25.7	29.8	←	21.3	22.9	←
Alzheimer's Disease	19.9	18.9	→	18.0	15.3	→	21.2	21.4	←
Suicide	14.6	13.6	→	21.6	14.2	→	10.3	9.5	←

Per 100,000 Population	Osceola County			Seminole County		
	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-
Heart Disease	164.9	162.5	→	128.6	135.9	←
Cancer	157.9	139.5	→	139.8	146.7	←
Unintentional Injury	50.0	57.8	←	63.0	48.3	→
Stroke	51.6	58.0	←	58.1	55.3	→
Chronic Lower Respiratory Disease	32.5	31.7	→	28.2	35.3	←
Diabetes	21.9	25.5	←	25.4	19.8	→
Alzheimer's Disease	22.6	23.1	←	19.3	19.5	←
Suicide	12.6	8.6	→	13.2	11.7	→

Source: Florida Department of Health. Bureau of Vital Statistics, 2020-2022

General and Adult Preventative Health

TREND OF SELF-REPORTED POOR OR FAIR HEALTH DAYS BY ADULTS[112]

	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2022	19.8%	←	19.8%	←	17.5%	←	20.9%	←	15.2%	←
2020	17.3%	→	18.3%	→	16.4%	→	19.1%	→	13.1%	→
2019	21.6%	—	23.0%	—	22.1%	—	25.2%	—	17.8%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

TREND OF SELF-REPORTED POOR PHYSICAL HEALTH DAYS BY ADULTS[113]

	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2022	14.1%	←	14.7%	←	12.3%	←	13.6%	←	11.5%	←
2020	11.8%	→	12.6%	→	10.6%	→	11.9%	→	9.8%	→
2019	14.9%	—	15.4%	—	13.4%	—	14.9%	—	12.4%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

TREND OF SELF-REPORTED NO LEISURE-TIME PHYSICAL ACTIVITY BY ADULTS[114]

	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2022	26.2%	←	26.2%	←	23.0%	←	28.6%	→	21.0%	←
2020	27.2%	←	28.4%	←	25.5%	←	32.7%	←	23.6%	←
2019	28.3%	—	30.2%	—	29.5%	—	31.4%	—	23.5%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

[112] *Estimated annual prevalence rate of adults aged 18 and over who report their general health status as "fair" or "poor". https://www.cdc.gov/places/measure – definitions/health – status/index.html. 2021 Data unavailable.*

[113] *Estimated annual prevalence rate of adults aged 18 and over who report 14 or more days during the past 30 days during which their physical health was not good. https://www.cdc.gov/places/measure – definitions/health – status/index.html*

[114] *Estimated annual prevalence rate of adults who report no physical activity outside of work in the past month. https://www.cdc.gov/places/measure – definitions/unhealthy – behaviors/index.html*

BASIC IMMUNIZATIONS FOR KINDERGARTEN STUDENTS[115]

Florida			Lake County			Orange County			Osceola County			Seminole County		
2019	2023	+/-	2019	2023	+/-	2019	2023	+/-	2019	2023	+/-	2019	2023	+/-
93.8%	90.6%	←	94.1%	88.6%	←	91.5%	87.3%	←	93.1%	86.9%	←	93.0%	90.2%	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Health, Bureau of Epidemiology

BASIC IMMUNIZATIONS FOR TWO-YEAR OLDS[116]

Florida			Lake County			Orange County			Osceola County			Seminole County		
2019	2022	+/-	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-
83.5 %	76.6 %	←	80.5 %	77.2 %	←	86.7 %	76.0 %	←	85.9 %	73.7 %	←	82.0%	78.5%	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Health, Bureau of Epidemiology

TREND OF IMMUNIZATIONS AMONG OLDER ADULTS IN FLORDIA

Age 65 and Older	Florida						
	2020	2021	+/-	2022	+/-	2023	+/-
Received a Flu Immunization in The Past Year	61.6%	66.5%	→	62.7%	←	61.6%	←
Have Ever Received a Pneumonia Immunization	64.3%	65.0%	→	65.5%	→	65.5%	=

Source: Florida Behavioral Risk Factor Surveillance System

WOMEN AGED 50 TO 74 WHO RECEIVED A MAMMOGRAM IN THE PAST TWO YEARS

Florida			Lake County			Orange County			Osceola County			Seminole County		
2018	2022	+/-	2018	2022	+/-	2018	2022	+/-	2018	2022	+/-	2018	2022	+/-
77.7%	75.5%	←	71.6%	74.9%	→	74.6%	75.6%	→	73.1%	77.6%	→	75.7%	75.8%	→

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

WOMEN AGED 2I TO 65 WHO RECEIVED PAP TEST IN THE PAST THREE YEARS

Florida			Lake County			Orange County			Osceola County			Seminole County		
2018	2020	+/-	2018	2020	+/-	2018	2020	+/-	2018	2020	+/-	2018	2020	+/-
83.6%	80.5%	←	84.1%	79.4%	←	84.2%	81.4%	←	82.6%	79.2%	←	85.3%	82.7%	←

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

[115] *Refer to the state immunization surveys by year for the applicable definition of completed immunizations. Vaccination rates refer to the measure of four or more doses of Diphtheria, Tetanus Toxoids, And Acellular Pertussis (Dtap) Vaccine, three or more doses of inactivated Poliovirus Vaccine (IPV), One Or More Doses Of Measles, Mumps And Rubella (MMR) Vaccine, three or more doses of Haemophilus Influenzae Type B (Hib) Vaccine, three or more doses of Hepatitis B Vaccine, one or more doses of varicella vaccine (or physician documented disease history), and four or more doses of Pneumococcal Conjugate Vaccine (PCV).*

[116] *The basic two year old immunization rate completion is based on 4:3:1:3:3:1 basic immunization series consisting of four or more doses of diphtheria, tetanus toxoids, and acellular pertussis (DTaP) vaccine; three or more doses of poliovirus vaccine (IPV); one or more doses of measles, mumps and rubella (MMR) vaccine; Haemophilus influenzae type b (Hib) vaccine (three or four doses, depending on product type); three or more doses of hepatitis B vaccine; one or more doses of varicella vaccine.*

ADULTS AGED 50 TO 75 WHO HAD COLORECTAL SCREENING BASED ON THE MOST RECENT CLINICAL GUIDELINES

Florida			Lake County			Orange County			Osceola County			Seminole County		
2018	2022	+/-	2018	2022	+/-	2018	2022	+/-	2018	2022	+/-	2018	2022	+/-
63.8%	65.4%	→	66.5%	66.5%	=	60.2%	31.2%	←	60.1%	58.3%	←	67.4%	67.1%	←

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

Chronic Diseases

CHRONIC DISEASE INCIDENCE SUMMARY

Per 100,000 Population	Florida			Lake County			Orange County			Osceola County			Seminole County		
	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-
Arthritis	24.8	28.2	←	28.4	31.9	←	19.3	22.6	←	20.0	23.7	←	22.1	26.4	←
Asthma	8.7	9.8	←	8.2	10.1	←	8.3	9.9	←	8.1	9.3	←	8.0	9.3	←
Cancer (except skin)	7.3	9.2	←	8.9	11.2	←	5.4	6.4	←	5.4	6.2	←	6.6	8.4	←
COPD	8.4	8.2	→	9.5	9.7	←	6.1	6.1	=	6.5	6.6	←	6.4	6.2	→
Coronary Heart Disease	6.8	8.1	←	8.5	9.7	←	5.2	6.0	←	6.1	6.6	←	5.5	6.5	←
Diagnosed Diabetes	12.0	13.2	←	14.0	14.9	←	11.6	11.6	=	14.2	13.4	→	10.8	11.2	←
Obesity	30.3	32.4	←	31.2	34.2	←	33.5	32.6	→	36.2	31.3	→	28.7	31.5	←

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health, 2022

TREND OF OBESITY IN ADULTS

	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2022	32.4%	←	34.2%	→	32.6%	←	31.3%	→	31.5%	←
2020	30.8%	←	34.9%	←	30.4%	→	35.5%	→	30.3%	←
2019	30.3%	—	31.2%	—	33.5%	—	36.2%	—	28.7%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

ADULTS WHO HAVE EVER BEEN TOLD THEY HAD A STROKE

	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2022	4.1%	←	4.6%	←	3.1%	←	3.4%	←	3.1%	←
2020	3.5%	→	4.2%	→	2.9%	→	3.1%	→	2.8%	→
2019	3.8%	—	4.4%	—	3.0%	—	3.2%	—	3.0%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

Cancer

TREND OF AGE-ADJUSTED CANCER INCIDENCE[117]

Per 100,000 Population	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2021	471.0	←	534.1	←	432.9	←	484.9	←	434.1	←
2020	431.2	→	503.9	→	414.4	→	421.1	→	405.5	→
2019	453.9	←	554.8	→	448.9	←	516.8	→	427.5	←
2018	454.3	←	575.8	←	432.1	←	559.6	←	427.2	←
2017	441.9	←	532.1	←	420.3	→	555.8	←	398.3	←
2016	436.6	←	486.1	←	420.6	→	491.2	←	385.5	→
2015	420.3	→	458.3	→	424.5	←	475.6	←	393.3	←
2014	427.2	=	483.0	←	417.7	→	447.2	→	369.0	→
2013	427.2	←	482.5	→	444.6	→	479.4	←	371.1	→
2012	426.2	→	504.9	→	462.6	←	443.1	→	399.3	←
2011	433.1	—	513.1	—	443.5	—	460.6	—	382.5	—

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, University of Miami Medical School, Florida Cancer Data System

AGE-ADJUSTED CANCER INCIDENCE BY TYPE

Per 100,000 Population	Florida			Lake County			Orange County		
	2018	2021	+/-	2018	2021	+/-	2018	2021	+/-
All Cancer	**454.3**	**471.0**	←	**575.8**	**534.1**	→	**432.1**	**432.9**	←
Breast Cancer	123.4	134.4	←	123.8	146.8	←	119.1	137.7	←
Lung Cancer	55.9	51.4	→	67.1	60.0	→	48.5	43.2	→
Skin Cancer	25.3	26.0	←	27.9	27.0	→	13.6	16.1	←
Colorectal Cancer	35.1	36.3	←	39.3	39.1	→	39.2	40.1	←

Per 100,000 Population	Osceola County			Seminole County		
	2018	2021	+/-	2018	2021	+/-
All Cancer	**559.6**	**484.4**	→	**472.2**	**434.1**	→
Breast Cancer	141.1	141.5	←	126.8	128.1	←
Lung Cancer	54.6	50.1	→	45.1	40.9	→
Skin Cancer	17.1	18.6	←	21.7	26.3	←
Colorectal Cancer	48.6	43.3	→	32.5	33.1	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, University of Miami Medical School, Florida Cancer Data System

[117] *"Incidence" means new cases only during a defined time. Learn more: Https://www.Flhealthcharts.Gov/Chartsreports/Rdpage.Aspx?Rdreport=Nonvitalind.DataviewerandCid=460*

Heart Disease

TREND OF ADULTS WHO HAVE EVER BEEN TOLD THEY HAD HEART DISEASE

	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2022	8.1%	←	9.7%	←	6.0%	←	6.6%	←	6.5%	←
2020	6.9%	←	9.2%	←	5.8%	←	6.3%	←	6.0%	←
2019	6.8%	—	8.5%	—	5.2%	—	6.1%	—	5.5%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

PREVENTABLE HOSPITALIZATIONS UNDER AGE 65 FROM CONGESTIVE HEART FAILURE[118]

	Florida			Lake County			Orange County		
Per 100,000 Population Under 65	2018-2020	2021-2023	+/-	2018-2020	2021-2023	+/-	2018-2020	2021-2023	+/-
	71.3	80.3	←	87.1	88.1	←	66.7	74.8	←

	Florida			Osceola County			Seminole County		
Per 100,000 Population Under 65	2018-2020	2021-2023		2018-2020	2021-2023		2018-2020	2021-2023	
	71.3	80.3	←	59.8	67.9	←	62.2	67.9	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Agency for Healthcare Administration

Asthma and Diabetes

TREND OF ADULTS WHO HAVE EVER BEEN TOLD THEY HAD ASTHMA

	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2022	9.8%	←	10.1%	←	9.9%	←	9.3%	←	9.3%	←
2020	8.7%	=	8.5%	←	8.6%	←	8.5%	←	8.3%	←
2019	8.7%	—	8.2%	—	8.3%	—	8.1%	—	8.0%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

[118] *Resident inpatient hospitalizations due to congestive heart failure and that were potentially avoidable, occurring at civilian, non-federal hospitals located in Florida, among people less than 65 years old. Congestive heart failure occurs when the heart is unable to maintain adequate circulation of blood in the tissues of the body or to pump out the venous blood returned to it by the venous circulation. https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalIndNoGrp.Dataviewer*

CHILD HOSPITALIZATIONS DUE TO ASTHMA BY AGE GROUP

Per 100,000 Population	Florida			Lake County			Orange County		
Age Groups	2019	2023	+/-	2019	2023	+/-	2019	2023	+/-
1 to 5	476.6	491.5	←	535.2	587.6	←	288.3	502.3	←
5 to 11	305.0	308.4	←	288.9	373.3	←	365.9	458.1	←
12 to 18	413.4	431.4	←	383.2	413.7	←	570.2	662.8	←

Per 100,000 Population	Florida			Osceola County			Seminole County		
Age Groups	2019	2023	+/-	2019	2023	+/-	2019	2023	+/-
1 to 5	476.6	491.5	←	412.1	466.6	←	297.6	466.1	←
5 to 11	305.0	308.4	←	306.8	217.1	→	216.3	404.7	←
12 to 18	413.4	431.4	←	519.4	483.7	→	467.2	617.8	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Agency for Healthcare Administration

TREND OF ADULTS WHO HAVE EVER BEEN TOLD THEY HAD DIABETES

	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2022	13.2%	←	14.9%	←	11.6%	←	13.4%	←	11.2%	←
2020	11.5%	→	14.2%	←	10.9%	→	12.9%	→	10.4%	→
2019	12.0%	—	14.0%	—	11.6%	—	14.2%	—	10.8%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

CHILD HOSPITALIZATIONS DUE TO DIABETES BY AGE GROUP

Per 100,000 Population	Florida			Lake County			Orange County		
Age Groups	**2019**	**2023**	**+/-**	**2019**	**2023**	**+/-**	**2019**	**2023**	**+/-**
1 to 5	17.3	21.4	←	16.9	10.2	→	11.7	29.3	←
5 to 11	40.2	39.7	→	52.5	36.0	→	24.2	44.9	←
12 to 18	133.2	116.0	→	40.2	89.8	←	122.3	115.2	→

Per 100,000 Population	Florida			Osceola County			Seminole County		
Age Groups	**2019**	**2023**	**+/-**	**2019**	**2023**	**+/-**	**2019**	**2023**	**+/-**
1 to 5	17.3	21.4	←	17.0	14.9	→	15.5	20.1	←
5 to 11	40.2	39.7	→	48.3	50.7	←	30.9	30.5	→
12 to 18	133.2	116.0	→	183.2	126.6	→	59.3	123.9	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Agency for Healthcare Administration

Hypertension

TREND OF ADULTS WHO HAVE EVER BEEN TOLD THEY HAVE HYPERTENSION

	Florida	+/-
2023	35.9%	→
2022	38.5%	←
2021	37.1%	—

Source: Florida Behavioral Risk Factor Surveillance System

Unintentional Injuries

AGE-ADJUSTED MORTALITY RATE OF LEADING CAUSES OF FATAL UNINTENTIONAL INJURIES

Per 100,000 Population	Florida			Lake County			Orange County		
	2017 -2019	2020-2022	+/-	2017 -2019	2020-2022	+/-	2017 -2019	2020-2022	+/-
Falls	10.0	11.6	←	23.7	21.6	→	11.3	13.8	←
Motor Vehicle Crashes	14.8	16.2	←	19.6	19.9	←	12.1	12.7	←
Drowning	1.9	2.1	←	1.9	2.6	←	1.2	1.5	←

Per 100,000 Population	Florida			Osceola County			Seminole County		
	2017 -2019	2020-2022	+/-	2017 -2019	2020-2022	+/-	2017 -2019	2020-2022	+/-
Falls	10.0	11.6	←	8.7	12.7	←	11.8	18.3	←
Motor Vehicle Crashes	14.8	16.2	←	15.5	13.3	→	10.9	10.1	→
Drowning	1.9	2.1	←	1.8	1.8	=	2.1	2.0	→

Source: Florida Department of Health Bureau of Vital Statistics Fatal Injuries Profile

AGE-ADJUSTED RATE OF HOSPITALIZATIONS AND DEATHS FROM UNINTENTIONAL INJURIES

Per 100,000 Population	Florida			Lake County			Orange County		
	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-
Unintentional Falls									
Mortality Rate	10.0	12.2	←	25.2	18.8	→	11.7	14.5	←
Hospitalization Rate	243.9	247.7	←	288.0	264.9	→	293.4	288.4	→
Motor Vehicle Fatalities and Hospitalizations									
Mortality Rate	14.7	15.8	←	20.4	21.8	←	10.8	12.0	←
Hospitalization Rate	76.4	80.4	←	82.8	75.1	→	67.7	68.4	←
Firearm Injuries									
Non-Fatal Hospitalization Rate	10.0	11.2	←	8.1	7.2	→	7.2	11.5	←
Emergency Room Visits	14.4	17.4	←	9.4	12.3	←	11.3	14.5	←

Source: Florida Department of Health. Bureau of Vital Statistics Fatal Injuries Profile

Per 100,000 Population	Florida			Osceola County			Seminole County		
	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-
Unintentional Falls									
Mortality Rate	10.0	12.2	←	7.8	11.6	←	18.0	19.6	←
Hospitalization Rate	243.9	247.7	←	286.8	260.8	→	298.9	278.3	→
Motor Vehicle Fatalities and Hospitalizations									
Mortality Rate	14.7	15.8	←	19.8	14.5	→	11.9	10.3	→
Hospitalization Rate	76.4	80.4	←	103.0	96.6	→	54.2	52.4	→
Firearm Injuries									
Non-Fatal Hospitalization Rate	10.0	11.2	←	6.9	7.7	←	5.9	5.7	→
Emergency Room Visits	14.4	17.4	←	6.5	11.0	←	6.9	7.8	←

Source: Florida Department of Health. Bureau of Vital Statistics Fatal Injuries Profile

CHILD HOSPITALIZATIONS FOR NEAR DROWNINGS

Per 100,000 Population Ages 1 to 5	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2021-2023	4.5	→	1.7	←	5.8	←	5.1	→	2.6	=
2020-2022	5.2	→	0.0	=	5.3	←	6.5	←	2.6	→
2018-2020	6.9	—	0.0	—	4.6	—	4.2	—	3.9	—

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Agency for Healthcare Administration

Infectious Diseases

HIV AND AIDS DIAGNOSES

Per 100,000 Population	Florida			Lake County			Orange County		
	2017-2019	2021-2023	+/-	2017-2019	2021-2023	+/-	2017-2019	2021-2023	+/-
HIV Diagnoses	21.0	19.6	→	12.0	8.6	→	32.3	28.3	→
AIDS Diagnoses	9.3	8.7	→	5.0	4.2	→	13.5	10.7	→

Per 100,000 Population	Florida			Osceola County			Seminole County		
	2017-2019	2021-2023	+/-	2017-2019	2021-2023	+/-	2017-2019	2021-2023	+/-
HIV Diagnoses	21.0	19.6	→	22.4	20.6	→	15.4	13.4	→
AIDS Diagnoses	9.3	8.7	→	9.4	6.3	→	7.2	5.9	→

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Bureau of Communicable Diseases

HIV/AIDS MORTALITY RATE

	Florida			Lake County			Orange County		
	2018-2020	2020-2022	+/-	2018-2020	2020-2022	+/-	2018-2020	2020-2022	+/-
Deaths per 100,000 Population	2.8	2.5	→	1.4	1.5	←	3.2	2.9	→

	Florida			Osceola County			Seminole County		
	2018-2020	2020-2022	+/-	2018-2020	2020-2022	+/-	2018-2020	2020-2022	+/-
Deaths per 100,000 Population	2.8	2.5	→	1.6	1.2	→	1.9	2.0	→

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Bureau of Communicable Diseases

SEXUALLY TRANSMITTED DISEASE CASES

Per 100,000 Population	Florida			Lake County			Orange County		
	2018-2020	2021-2023	+/-	2018-2020	2020-2022	+/-	2018-2020	2020-2022	+/-
Gonorrhea	172.5	202.9	←	108.9	95.8	→	226.8	292.7	←
Chlamydia	493.8	484.3	→	337.5	268.1	→	704.1	700.9	→
Syphilis (All stages)	55.2	80.7	←	22.9	34.0	←	82.7	117.0	←

Per 100,000 Population	Florida			Osceola County			Seminole County		
	2018-2020	2021-2023	+/-	2018-2020	2020-2022	+/-	2018-2020	2020-2022	+/-
Gonorrhea	172.5	202.9	←	120.0	144.1	←	131.1	132.8	←
Chlamydia	493.8	484.3	→	488.6	430.3	→	403.1	362.7	→
Syphilis (All stages)	55.2	80.7	←	46.8	71.7	←	30.5	52.0	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Bureau of Communicable Diseases

CONFIRMED HEPATITIS CASES

Per 100,000 Population	Florida			Lake County			Orange County		
	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-
Hepatitis A	15.9	1.4	→	44.6	1.2	→	14.0	4.2	→
Hepatitis B, Acute	3.6	3.5	→	4.8	3.6	→	1.9	5.4	←
Hepatitis B, Chronic	22.6	19.4	→	20.0	11.0	→	24.6	23.1	→
Hepatitis C, Acute	3.8	7.6	←	7.6	6.9	→	1.9	9.2	←
Hepatitis C, Chronic	98.7	56.1	→	104.1	45.5	→	110.1	68.4	→

Per 100,000 Population	Florida			Osceola County			Seminole County		
	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-
Hepatitis A	15.9	1.4	→	14.9	2.1	→	10.2	2.3	→
Hepatitis B, Acute	3.6	3.5	→	2.2	3.7	←	3.4	3.1	→
Hepatitis B, Chronic	22.6	19.4	→	15.7	18.5	←	15.4	13.8	→
Hepatitis C, Acute	3.8	7.6	←	3.5	7.5	←	3.2	4.1	←
Hepatitis C, Chronic	98.7	56.1	→	81.6	40.8	→	63.0	31.9	→

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, County Health Dashboard Health Resource Availability

Child and Adolescent Health

POPULATION UNDER 21 YEARS OLD

Florida		Lake County		Orange County		Osceola County		Seminole County	
2019	2023	2019	2023	2019	2023	2019	2023	2019	2023
4,708,580	4,894,051	74,440	84,820	347,142	364,002	99,641	116,696	109,562	110,332

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS

POPULATION UNDER 21 YEARS OLD BY RACE AND ETHNICITY[119]

	Florida		Lake County		Orange County		Osceola County		Seminole County	
	2019	2022	2019	2022	2019	2022	2019	2022	2019	2022
White	69.7%	69.2%	75.8%	74.7%	62.8%	62.1%	76.7%	75.0%	73.3%	69.2%
Black/African American	22.1%	22.1%	15.9%	16.8%	26.8%	26.9%	15.3%	16.4%	15.6%	22.1%
Other	8.2%	8.7%	8.3%	8.5%	10.4%	11.0%	8.0%	8.6%	11.2%	8.7%
Hispanic/ Latino	31.7%	31.7%	24.6%	26.1%	36.9%	37.0%	61.9%	61.5%	26.3%	31.7%
Non-Hispanic/ Latino	68.3%	68.3%	75.4%	73.9%	63.1%	63.0%	38.1%	38.5%	73.7%	68.3%

Source: Florida Department of Health. Bureau of Community Health Assessment Division of Public Health Statistics and Performance Management Child Health Status Profile

[119] *Column totals for the table will not equal 100.0%.*

TREND OF CHILD EMERGENCY DEPARTMENT VISITS

Per 100,000 Population Ages 5 to 19	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2023	36,509.5	←	39,327.9	←	34,460.8	←	45,669.3	←	27,634.2	←
2022	34,946.1	←	35,735.6	←	32,998.6	←	43,732.6	←	25,911.5	←
2021	30,592.9	←	34,848.4	←	28,920.6	←	38,210.7	←	23,270.7	←
2020	24,194.7	→	26,852.6	←	22,639.5	→	28,046.4	→	18,223.3	→
2019	37,303.6	←	39,800.8	→	36,394.1	←	47,849.6	→	27,119.1	←
2018	37,295.7	→	37,672.7	←	36,169.3	→	48,159.1	←	27,193.3	←
2017	37,365.8	→	36,383.9	→	37,026.2	→	36,233	→	22,717	→
2016	38,405.0	←	37,270.7	←	37,125.7	←	48,159	←	27,193	←
2015	36,745.6	—	36,754.4	—	34,806.0	—	35,814	—	22,852	—

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Agency for Healthcare Administration

Youth Behavior and Safety

TREND OF STUDENTS WHO FELT UNSAFE AT SCHOOL[120]

	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2022	10.1%	←	13.1%	→	9.6%	←	10.6%	←	11.7%	←
2020	9.1%	→	21.0%	←	6.4%	→	8.6%	←	9.7%	←
2018	11.0%	—	5.6%	—	7.0%	—	5.4%	—	5.5%	—

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey

TREND OF SCHOOL ENVIRONMENTAL SAFETY INCIDENT RATES[121]

Per 1,000 Students Grades K-12	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2023	42.9	←	34.2	←	59.3	←	31.7	←	39.6	←
2022	39.1	←	34.7	←	51.0	←	29.1	←	33.0	←
2021	18.6	→	17.5	→	24.8	→	10.1	←	16.6	←
2020	23.5	→	20.1	→	38.1	←	6.8	→	16.1	→
2019	30.5	—	29.3	—	26.3	—	8.9	—	21.6	—

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Education

[120] *High school students who did not go to school because they felt they would be unsafe at school or on their way to school in the past 30 days.*

[121] *The number of school environmental safety incidents reported, including incidents considered severe enough to require the involvement of a school resource officer and incidents reported to law enforcement. The rate is the number of incidents divided by the number of enrolled students, expressed as a percent.*

STUDENTS WITH EMOTIONAL OR BEHAVIORAL DISABILITY (GRADES K-12)

Florida			Lake County			Orange County			Osceola County			Seminole County		
2019	2024	+/-	2019	2024	+/-	2019	2024	+/-	2019	2024	+/-	2019	2024	+/-
0.5%	0.4%	→	1.1%	0.7%	→	0.2%	0.1%	→	0.4%	0.7%	→	0.5%	0.1%	→

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Education

STUDENTS ABSENT 21 OR MORE DAYS (GRADES K-12)

Florida			Lake County			Orange County			Osceola County			Seminole County		
2019	2023		2019	2023	+/-	2019	2023	+/-	2019	2023	+/-	2019	2023	+/-
11.3%	19.4%	←	13.9%	23.2%	←	12.1%	23.7%	←	13.8%	19.8%	←	8.0%	15.2%	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Education

YOUTH REPORTED BULLYING BEHAVIOR

	Florida			Lake County			Orange County		
	2020	2022	+/-	2020	2022	+/-	2020	2022	+/-
Skipped school because of bullying	9.3%	8.9%	→	9.2%	10.9%	←	9.8%	6.1%	→
Was ever kicked or shoved	31.4%	33.7%	←	30.6%	38.8%	←	33.7%	29.2%	→
Was ever taunted or teased	57.0%	58.3%	←	59.1%	67.8%	←	59.5%	52.3%	→
Was a victim of cyberbullying	27.5%	30.1%	←	11.8%	33.9%	←	10.9%	25.0%	←

	Florida			Osceola County			Seminole County		
	2020	2022	+/-	2020	2022	+/-	2020	2022	+/-
Skipped school because of bullying	9.3%	8.9%	→	8.8%	6.8%	→	8.5%	8.4%	→
Was ever kicked or shoved	31.4%	33.7%	←	27.3%	30.8%	←	36.2%	33.1%	→
Was ever taunted or teased	57.0%	58.3%	←	51.1%	57.3%	←	60.3%	56.3%	→
Was a victim of cyberbullying	27.5%	30.1%	←	22.6%	25.0%	←	28.4%	27.9%	→

Source: Florida Department of Children and Families, Florida Youth Substance Abuse Survey

CHILDREN RECEIVING MENTAL HEALTH TREATMENT SERVICES[122]

	Florida			Lake County			Orange County		
	2018	2022	+/-	2018	2022	+/-	2018	2022	+/-
Per 1,000 population aged 1 to 5	2.8	1.7	←	0.6	0.2	←	1.3	0.1	←

	Florida			Osceola County			Seminole County		
	2018	2022	+/-	2018	2022	+/-	2018	2022	+/-
Per 1,000 population aged 1 to 5	2.8	1.7	←	0.2	0.1	←	3.4	0.0	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Children and Families

HOMELESS AND UNACCOMPANIED YOUTH

	Florida			Lake County			Orange County		
	2019-2020	2022-2023	+/-	2019-2020	2022-2023	+/-	2019-2020	2022-2023	+/-
Homeless students[123]	91,677	98,899	←	1,508	1,722	←	4,774	7,903	←
Unaccompanied youth	6,952	7,004	←	91	94	←	136	366	←

	Osceola County			Seminole County		
	2019-2020	2022-2023	+/-	2019-2020	2022-2023	+/-
Homeless students[124]	2,621	3,777	←	1,599	2,686	←
Unaccompanied youth	76	82	←	168	355	←

Source: Florida Department of Education, Homeless Students, Non-Homeless Students and Unaccompanied Youth by District/Charter LEA

[122] *Children who received in-home or community-based outpatient services, crisis services, or residential treatment funded through the Department of Children and Families' general revenue and federally awarded grant. The rates do not represent all mental health services provided to children of Florida. https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalIndNoGrp.Dataviewer&cid=0663*

[123] *Includes Elementary, Middle and High School Students.https://www.fldoe.org/core/fileparse.php/20081/urlt/PERA – 3356i – Homeless – and – Unaccom – Youth – 2223 – FS5 – w – Charter – LEAs – DEH – Masked.pdf*

[124] *Includes Elementary, Middle and High School Students.https://www.fldoe.org/core/fileparse.php/20081/urlt/PERA – 3356i – Homeless – and – Unaccom – Youth – 2223 – FS5 – w – Charter – LEAs – DEH – Masked.pdf*

RATE OF REPORTED CASES OF CHILD PHYSICAL AND SEXUAL ABUSE

Per 100,000 Children	Florida			Lake County			Orange County		
Ages 5 to 11	**2017-2019**	**2021-2023**	**+/-**	**2017-2019**	**2021-2023**	**+/-**	**2017-2019**	**2021-2023**	**+/-**
Child abuse	765.9	483.8	→	360.0	259.7	→	630.4	359.8	→
Sexual violence	58.5	42.0	→	42.3	36.6	→	51.9	51.9	=

Per 100,000 Children	Florida			Osceola County			Seminole County		
Ages 5 to 11	**2017-2019**	**2021-2023**	**+/-**	**2017-2019**	**2021-2023**	**+/-**	**2017-2019**	**2021-2023**	**+/-**
Child abuse	765.9	483.8	→	518.6	233.5	→	595.9	387.3	→
Sexual violence	58.5	42.0	→	97.2	54.0	→	37.5	30.4	→

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Children and Families, Florida Safe Families Network

YOUTH SUICIDE RATE BY AGE GROUP[125]

Per 100,000 Population	Florida			Lake County			Orange County		
Age Groups	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-
12 to 18	6.0	6.0	=	14.0	3.5	→	3.6	6.5	←
19 to 21	12.2	14.1	←	3.2	22.3	←	8.7	18.6	←

Per 100,000 Population	Osceola County			Seminole County		
Age Groups	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-
12 to 18	4.7	2.5	→	4.2	4.9	←
19 to 21	9.3	8.3	→	10.0	9.9	→

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Health, Bureau of Vital Statistics

Youth Substance Use

CURRENT SUBSTANCE USE SELF-REPORTED BY MIDDLE SCHOOL STUDENTS

Past 30-Day Use	Florida			Lake County			Orange County		
	2020	2022	+/-	2020	2022	+/-	2020	2022	+/-
Smoked cigarettes	1.1%	0.8%	→	0.7%	0.5%	→	0.8%	0.4%	→
Vaped nicone	5.8%	5.5%	→	5.5%	5.0%	→	3.9%	2.2%	→
Alcohol	8.2%	6.7%	→	6.2%	6.9%	←	6.3%	5.2%	→
Binge drank	3.4%	3.0%	→	3.5%	2.0%	→	1.9%	1.9%	=
Used marijuana/hashish	3.8%	3.0%	→	3.4%	2.9%	→	2.9%	ND	—
Vaped marijuana	3.0%	2.9%	→	3.0%	1.9%	→	2.9%	1.2%	→

Past 30-Day Use	Florida			Osceola County			Seminole County		
	2020	2022	+/-	2020	2022	+/-	2020	2022	+/-
Smoked cigarettes	1.1%	0.8%	→	1.3%	0.0%	→	2.6%	0.7%	→
Vaped nicone	5.8%	5.5%	→	2.2%	5.6%	←	4.7%	4.1%	→
Alcohol	8.2%	6.7%	→	5.9%	6.6%	←	5.7%	4.6%	→
Binge drank	3.4%	3.0%	→	2.6%	2.0%	→	1.6%	1.8%	←
Used marijuana/hashish	3.8%	3.0%	→	2.0%	1.0%	→	3.4%	2.4%	→
Vaped marijuana	3.0%	2.9%	→	1.2%	1.8%	→	2.1%	1.7%	→

Source: Florida Department of Children and Families, Florida Youth Substance Abuse Survey

[125] *Crude Rates.*

CURRENT SUBSTANCE USE SELF-REPORTED BY HIGH SCHOOL STUDENTS

Past 30-Day Use	Florida			Lake County			Orange County		
	2020	2022	+/-	2020	2022	+/-	2020	2022	+/-
Smoked cigarettes	2.4%	1.4%	→	2.6%	1.5%	→	3.6%	0.5%	→
Vaped nicone	15.6%	12.7%	→	15.1%	13.8%	→	13.5%	7.9%	→
Alcohol	19.9%	15.5%	→	21.9%	16.4%	→	19.6%	12.3%	→
Binge drank	9.2%	7.5%	→	10.7%	7.1%	→	6.9%	3.1%	→
Used marijuana/hashish	15.9%	12.2%	→	14.3%	11.5%	→	14.2%	8.6%	→
Vaped marijuana	10.6%	9.7%	→	10.5%	9.7%	→	9.6%	6.9%	→

Past 30-Day Use	Florida			Osceola County			Seminole County		
	2020	2022	+/-	2020	2022	+/-	2020	2022	+/-
Smoked cigarettes	2.4%	1.4%	→	2.1%	0.6%	→	4.6%	0.3%	→
Vaped nicone	15.6%	12.7%	→	9.7%	12.0%	←	16.1%	11.3%	→
Alcohol	19.9%	15.5%	→	15.1%	12.6%	→	20.2%	16.5%	→
Binge drank	9.2%	7.5%	→	7.8%	5.4%	→	11.0%	6.6%	→
Used marijuana/hashish	15.9%	12.2%	→	12.4%	7.3%	→	16.9%	10.3%	→
Vaped marijuana	10.6%	9.7%	→	7.9%	5.9%	→	12.2%	7.5%	→

Source: Florida Department of Children and Families, Florida Youth Substance Abuse Survey

TREND OF ANNUAL JUVENILE DRUG ARRESTS RATE

Per 100,000 Population Ages 17 and Under	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2023	174.0	←	162.5	→	148.8	←	98.3	←	156.1	←
2022	166.5	←	179.7	←	146.8	←	55.0	←	107.6	←
2021	135.0	←	177.9	←	130.8	←	41.9	→	63.9	→
2020	130.0	→	143.7	→	102.7	→	47.8	→	82.6	→
2019	303.8	—	341.6	—	242.0	—	139.4	—	374.5	—

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Law Enforcement

Youth Nutrition and Physical Activity

STUDENTS ELIGIBLE FOR FREE OR REDUCED LUNCH

	Florida			Lake County			Orange County		
	2019	2024	+/-	2019	2024	+/-	2019	2024	+/-
Middle school students	55.4%	50.5%	←	48.0%	40.0%	←	53.4%	43.8%	←
Elementary school students	58.4%	53.8%	←	52.7%	44.4%	←	54.3%	47.6%	←

	Florida			Osceola County			Seminole County		
	2019	2024	+/-	2019	2024	+/-	2019	2024	+/-
Middle school students	55.4%	50.5%	←	43.6%	53.6%	→	48.9%	50.1%	→
Elementary school students	58.4%	53.8%	←	47.3%	55.7%	→	51.0%	52.4%	→

Source: Florida Department of Education, Education Information and Accountability Services

YOUTH OBESITY

	Florida			Lake County			Orange County		
	2018	2022	+/-	2018	2022	+/-	2018	2022	+/-
High school students	14.3%	15.2%	←	15.4%	14.8%	→	13.2%	16.4%	←
Middle school students	13.2%	15.7%	←	12.7%	15.7%	←	13.9%	13.4%	→

	Osceola County			Seminole County		
	2018	2022	+/-	2018	2022	+/-
High school students	14.6%	12.0%	→	11.2%	10.1%	→
Middle school students	9.4%	15.3%	←	10.0%	12.9%	←

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey

PHYSICALLY ACTIVE STUDENTS[126]

	Florida			Lake County			Orange County		
	2018	2022	+/-	2018	2022	+/-	2018	2022	+/-
High school students	21.7%	19.0%	←	23.5%	17.4%	←	19.3%	14.6%	←
Middle school students	26.6%	21.5%	←	25.4%	21.9%	←	23.3%	19.3%	←

	Osceola County			Seminole County		
	2018	2022	+/-	2018	2022	+/-
High school students	17.3%	11.4%	←	24.5%	21.8%	←
Middle school students	20.6%	18.2%	←	21.5%	22.0%	←

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey

[126] *Self – reported being active for at least 60 minutes on all seven of the past seven days.*

Maternal Health

BIRTH RATES[127]

	Florida			Lake County			Orange County			Osceola County			Seminole County		
	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-
Total resident live births per 1,000 population	10.3	10.0	←	9.7	9.1	←	12.0	11.2	←	12.0	11.7	←	9.8	9.7	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Health, Bureau of Vital Statistics

TREND OF MATERNAL DEATH RATE BY RACE AND ETHNICITY (STATE OF FLORIDA)

Per 100,000 Live Births	White	+/-	Black/African American	+/-	Non-Hispanic /Latino	+/-	Hispanic/ Latino	+/-
2023	12.0	→	48.5	←	21.5	←	11.9	→
2022	12.5	→	24.9	→	16.9	→	12.0	→
2021	22.1	←	95.6	←	44.1	←	30.5	←
2020	12.9	→	52.3	←	24.7	→	18.4	←
2019	23.1	←	47.8	←	33.9	←	13.3	→
2018	16.5	←	24.7	→	19.0	→	16.6	←
2017	13.3	→	30.1	←	19.3	→	10.5	←
2016	14.3	→	24.3	→	20.3	→	9.2	←
2015	18.0	←	30.5	→	26.9	←	7.8	→
2014	14.6	→	42.8	←	26.1	←	9.7	→
2013	25.4	—	41.0	—	28.4	—	33.9	—

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Health, Bureau of Vital Statistics

[127] *Total resident live births are the number of births per 1,000 population.*

MATERNAL CHARACTERISTICS

Percent of Total Births	Florida			Lake County			Orange County		
	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-
Births to unwed mothers	46.6%	46.1%	←	45.2%	41.0%	→	43.5%	45.3%	←
Repeat births to mothers aged 15-17	6.3%	6.2%	→	7.5%	9.7%	←	4.0%	3.6%	→
Births to mothers 19 and older without high school education	11.0%	10.4%	→	10.7%	9.7%	→	9.8%	10.2%	←
Births to obese mothers at the time pregnancy occurred	27.1%	29.5%	←	30.9%	32.7%	←	24.9%	28.9%	←
Births to mothers with first-trimester prenatal care	75.9%	71.6%	←	77.1%	70.5%	←	78.5%	67.2%	←
Births covered by Medicaid	46.9%	43.9%	←	46.8%	43.2%	←	43.8%	43.4%	→
Self-pay for delivery payment source	6.2%	5.7%	→	4.4%	4.2%	→	8.4%	6.2%	←

Percent of Total Births	Florida			Osceola County			Seminole County		
	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-
Births to unwed mothers	46.6%	46.1%	←	48.2%	45.9%	→	36.0%	36.2%	←
Repeat births to mothers aged 15-17	6.3%	6.2%	→	0.0%	10.0%	←	0.0%	4.2%	←
Births to mothers 19 and older without high school education	11.0%	10.4%	→	7.2%	5.4%	→	5.8%	4.6%	→
Births to obese mothers at the time pregnancy occurred	27.1%	29.5%	←	27.8%	30.8%	←	25.4%	28.9%	←
Births to mothers with first-trimester prenatal care	75.9%	71.6%	←	81.4%	74.2%	←	80.0%	73.6%	←
Births covered by Medicaid	46.9%	43.9%	←	55.9%	47.7%	←	36.9%	33.9%	←
Self-pay for delivery payment source	6.2%	5.7%	→	5.2%	4.5%	→	3.7%	3.1%	→

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Pregnancy and Young Child Profile

INFANT CHARACTERISTICS[128]

	Florida			Lake County			Orange County			Osceola County			Seminole County		
	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-
Low birth weight (percent of total births)	8.8%	9.1%	←	8.2%	9.3%	←	8.7%	9.4%	←	8.0%	8.1%	←	6.8%	8.1%	←
Infant mortality rate per 1,000 live births	6.0	6.0	=	8.5	4.5	→	5.8	5.7	→	4.7	4.0	→	6.9	5.1	→
Teen birth rate (under 18), per 1,000	2.3	1.9	→	2.6	1.9	→	2.0	1.5	→	2.0	1.5	→	1.2	1.0	→

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Pregnancy and Young Child Profile

Healthcare Access

POPULATION WITHOUT HEALTH INSURANCE[129]

United States	Florida	Lake County	Orange County	Osceola County	Seminole County
8.4%	11.7%	10.0%	12.2%	10.9%	9.5%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

TREND OF POPULATION WITHOUT HEALTH INSURANCE[130]

	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2019-2023	11.7%	→	10.0%	→	12.2%	→	10.9%	→	9.5%	→
2018-2022	12.3%	→	10.4%	→	12.6%	→	11.8%	→	10.1%	←
2017-2021	12.6%	→	10.6%	→	13.3%	→	13.2%	→	9.6%	←
2016-2020	12.7%	—	10.6%	—	13.2%	—	13.2%	—	9.4%	—

Source: U.S. Census Bureau American Community Survey One-year Estimates

[128] *Low Birth Weight, percentage of live births under 2,500 grams. Infant Mortality, 0 – 364 days from birth per 1,000 live births. Teen Births (0 – 18) per 1,000 live births.*

[129] *This dataset represents people of all ages who do not have health insurance coverage (uninsured).*

[130] *2020 One – Year Estimates Not Available.*

POPULATION WITH INSURANCE BY TYPE[131]

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
Private Health Insurance	73.6%	72.1%	71.8%	76.1%	69.8%	79.6%
Public Coverage	39.7%	42.0%	46.5%	32.3%	39.9%	31.4%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

UNINSURED POPULATION BY AGE GROUP[132]

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
Under 6	4.5%	5.7%	5.1%	5.2%	3.8%	4.8%
6 to 18	5.8%	8.1%	8.1%	7.2%	6.3%	5.4%
19 to 64	12.0%	17.5%	16.1%	16.3%	15.1%	13.3%
65 and Older	0.8%	1.1%	0.2%	2.6%	1.7%	0.9%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

UNINSURED POPULATION BY RACE[17]†

	Florida	Lake County	Orange County	Osceola County	Seminole County
American Indian and Alaska Native	30.4%	10.0%	20.2%	6.3%	16.3%
Asian	9.2%	4.5%	9.9%	8.0%	5.1%
Black/African American	13.8%	12.2%	13.9%	10.3%	11.3%
Native Hawaiian and Other Pacific Islander	20.6%	42.1%	22.1%	5.5%	13.8%
Some Other Race	20.8%	14.9%	19.2%	12.4%	14.9%
Two or More Races	15.0%	11.5%	13.6%	11.1%	12.4%
White	9.8%	9.4%	10.1%	10.5%	8.4%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

UNINSURED POPULATION BY ETHNICITY

	Florida	Lake County	Orange County	Osceola County	Seminole County
Hispanic/Latino	17.1%	13.7%	15.4%	12.1%	13.3%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

[131] *Note in the exhibit above that the sum of those with Private Health Insurance, those with Public Health Insurance, and those with No Health Insurance does not equal 100% since some individuals may have both public and private health insurance coverage.*

[132] *The percentage of the civilian noninstitutionalized population. The Census Bureau defines the civilian noninstitutionalized population as including "all U.S. civilians not residing in institutional group quarters facilities such as correctional institutions, juvenile facilities, skilled nursing facilities, and other long – term care living arrangements. https://www.census.gov/glossary/?term=Civilian+noninstitutionalized+population*

CHILDREN COVERED BY MEDIKIDS[133]

Florida			Lake County			Orange County			Osceola County			Seminole County		
2019	2022	+/-	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-
1.2%	1.1%	←	0.4%	1.0%	←	1.3%	0.7%	←	1.6%	1.0%	←	1.6%	1.2%	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Agency for Healthcare Administration

MONTHLY MEDICAID ENROLLMENT[134]

Florida			Lake County			Orange County			Osceola County			Seminole County		
2019	2023	+/-	2019	2023	+/-	2019	2023	+/-	2019	2023	+/-	2019	2023	+/-
17.7%	19.0%	→	16.2%	16.2%	=	18.1%	18.6%	←	24.9%	24.8%	←	11.9%	12.8%	→

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Agency for Healthcare Administration

POPULATION WITH MEDICAID[135]

Florida	Lake County	Orange County	Osceola County	Seminole County
17.5%	15.7%	16.9%	23.0%	12.7%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

VISITED DENTIST OR DENTAL CLINIC IN THE PAST YEAR AMONG ADULTS

	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2022	57.5%	←	56.3%	←	57.2%	←	54.5%	←	62.1%	←
2016	63.0%	←	57.2%	←	62.7%	←	58.3%	→	72.2%	→
2010	64.7%	—	65.4%	—	63.9%	—	57.9%	—	66.5%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

VISITS TO DOCTOR FOR ROUTINE CHECKUPS WITHIN THE PAST YEAR AMONG ADULTS

	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2022	76.9%	→	76.5%	→	75.0%	→	75.1%	→	78.1%	→
2020	75.0%	←	77.6%	←	72.5%	←	74.0%	←	75.4%	←
2019	77.0%	—	79.0%	—	74.6%	—	74.9%	—	76.5%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

[133] *The percentage of population ages one to four.*

[134] *The percentage of people who are enrolled in Medicaid in a month, as of September of each year.*

[135] *The percentage of the civilian noninstitutionalized population. The Census Bureau defines the civilian noninstitutionalized population as including "all U.S. civilians not residing in institutional group quarters facilities such as correctional institutions, juvenile facilities, skilled nursing facilities, and other long – term care living arrangements. https://www.census.gov/glossary/?term=Civilian+noninstitutionalized+population*

Healthcare Workforce

RATE OF LICENSED HEALTHCARE PROVIDERS

Per 100,000 Population	Florida			Lake County			Orange County		
	2019	2023	+/-	2019	2023	+/-	2019	2023	+/-
Medical doctors	250.8	261.2	→	175.7	155.7	←	303.1	328.1	→
Physician assistants	41.0	51.0	→	21.7	31.1	→	48.0	60.9	→
Family practice physicians	18.5	13.3	←	19.2	12.9	←	20.7	15.5	←
Pediatricians	21.6	16.5	←	9.9	9.0	←	38.4	27.0	←
Registered nurses	1,299.5	1,441.2	→	1,380.7	1,495.5	→	1,151.1	1,232.3	→
Licensed practical nurses	307.1	278.9	←	392.6	352.6	←	213.9	195.4	←
Certified nursing assistants	688.5	628.6	←	729.4	632.4	←	514.3	485.7	←
Dentists	57.8	61.5	→	37.2	41.8	→	53.8	65.1	→
Paramedics	144.1	145.4	→	169.8	171.2	→	126.0	132.8	→
Emergency medical technicians	162.7	166.0	→	224.0	214.2	←	161.4	156.6	←
OB/GYNs	9.2	8.6	←	6.2	4.6	←	12.6	12.5	←

Per 100,000 Population	Osceola County			Seminole County		
	2019	2023	+/-	2019	2023	+/-
Medical doctors	112.3	110.9	←	210.2	237.9	→
Physician assistants	16.8	20.0	→	38.3	54.0	→
Family practice physicians	8.1	6.3	←	27.3	22.8	←
Pediatricians	9.5	6.7	←	16.5	15.5	←
Registered nurses	994.9	1,163.2	→	1,543.7	1,594.0	→
Licensed practical nurses	246.6	228.4	←	235.8	230.3	←
Certified nursing assistants	498.8	427.5	←	341.0	327.7	←
Dentists	16.8	22.0	→	60.7	67.4	→
Paramedics	108.2	94.9	←	129.9	130.9	→
Emergency medical technicians	121.8	115.0	←	186.6	179.2	←
OB/GYNs	5.4	5.2	←	8.9	9.4	→

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, County Health Dashboard Health Resource Availability

RATIO OF LICENSED HEALTHCARE PROVIDERS[136]

People Per One Healthcare Provider	Florida	Lake County	Orange County	Osceola County	Seminole County
Dentists	1,686	2,344	2,090	2,793	1,620
Geriatric Care Provider	1,646	2,869	822	1,180	1,759
Midwife and Doula	9,029	11,662	4,015	9,911	7,790
Obstetrics/Gynecology (OBGYN)	3,919	7,343	2,224	3,003	5,250
Pediatric Care Physician	787	1,706	482	1,299	1,039
Pediatrician	879	1,834	554	1,354	1,061
Primary Care Nurse Practitioner	800	1,183	695	1,182	966
Primary Care Physician	858	997	782	1,010	986

Source: Centers for Medicare & Medicaid Services, National Plan and Provider Enumeration System (2024)

RATE OF CARE FACILITIES BY TYPE

Per 100,000 Population	Florida			Lake County			Orange County		
	2019	**2022**	+/-	**2019**	**2022**	+/-	**2019**	**2022**	+/-
Hospital beds	311.2	318.7	→	244.5	214.3	←	346.9	328.8	←
Acute care beds	251.8	246.4	←	213.8	183.2	←	276.6	264.2	←
Specialty beds	59.4	72.2	→	30.7	31.1	→	70.3	64.6	←
Nursing home beds	401.9	370.9	←	484.3	398.0	←	311.6	292.4	←

Per 100,000 Population	Florida			Osceola County			Seminole County		
	2019	**2022**	+/-	**2019**	**2022**	+/-	**2019**	**2022**	+/-
Hospital beds	311.2	318.7	→	300.3	291.7	←	201.8	196.5	←
Acute care beds	251.8	246.4	←	260.9	257.7	←	165.2	159.0	←
Specialty beds	59.4	72.2	→	39.3	34.0	←	36.6	37.5	→
Nursing home beds	401.9	370.9	←	325.5	281.2	←	265.2	255.9	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, County Health Dashboard Health Resource Availability

[136] *This dataset is the ratio of people per one health care provider practicing in an area.*

Violent Crime

VIOLENT CRIME INCIDENCE[137]

Per 100,000 Population	Florida			Lake County			Orange County		
	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-
Violent crime rate	**163.6**	**150.4**	→	**132.9**	**113.0**	→	**222.3**	**206.8**	→
Murder	8.8	10.0	←	6.0	6.3	←	13.5	14.6	←
Rape	11.6	10.1	→	9.9	10.8	←	14.0	12.3	→
Robbery	34.7	27.3	→	22.5	12.9	→	47.6	38.5	→
Aggravated assault	108.5	103.1	→	94.5	83.0	→	147.3	141.6	→
Domestic violence offenses	317.1	300.9	→	333.9	327.3	→	402.3	396.8	→

Per 100,000 Population	Osceola County			Seminole County		
	2017-2019	2020-2022	+/-	2017-2019	2020-2022	+/-
Violent crime rate	**194.6**	**172.8**	→	**131.8**	**98.3**	→
Murder	11.9	12.1	←	7.0	5.5	→
Rape	22.5	15.0	→	8.1	5.4	→
Robbery	31.7	32.0	→	24.3	14.0	→
Aggravated assault	103.1	113.8	←	92.4	73.4	→
Domestic violence offenses	519.6	490.5	→	438.1	406.5	→

Source Florida Department of Health, Division of Public Health Statistics and Performance Management and Florida Department of Law Enforcement

TREND OF VIOLENT CRIME RATE

Per 100,000 Population	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2022	150.6	→	109.7	→	205.5	→	145.0	→	98.9	→
2020	152.0	→	118.2	→	215.4	→	192.7	←	102.8	→
2018	163.3	—	134.9	—	222.6	—	186.7	—	138.3	—

Source Florida Department of Health, Division of Public Health Statistics and Performance Management and Florida Department of Law Enforcement

[137] *The rate of violent crimes includes murder, rape, robbery, and aggravated assault.*

Behavioral Health

Mental Health

SELF-REPORTED POOR MENTAL HEALTH DAYS BY ADULTS[138]

	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2022	16.8%	←	16.3%	←	17.4%	←	17.1%	←	16.1%	←
2020	15.3%	→	14.4%	→	15.0%	=	15.0%	→	14.0%	←
2019	15.8%	—	14.5%	—	15.0%	—	15.1%	—	13.8%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

ADULTS WHO HAVE EVER BEEN TOLD THEY HAD A DEPRESSIVE DISORDER

	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2022	19.7%	←	20.6%	←	20.6%	←	19.3%	←	19.0%	←
2020	18.3%	→	18.8%	←	16.8%	→	17.7%	←	17.5%	→
2019	19.3%	—	17.6%	—	18.2%	—	17.4%	—	18.2%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

SUICIDE RATE (ALL AGES)

Florida			Lake County			Orange County			Osceola County			Seminole County		
2018-2020	2020-2022	+/-	2018-2020	2020-2022	+/-	2018-2020	2020-2022	+/-	2018-2020	2020-2022	+/-	2018-2020	2020-2022	+/-
14.3	13.6	→	19.7	14.2	→	9.6	9.5	→	11.5	8.6	→	11.6	13.2	←

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Health, Bureau of Vital Statistics

[138] *Estimated annual prevalence rate of adults aged 18 and over who report 14 or more days during the past 30 days during which their mental health was not good. https://www.cdc.gov/places/measure – definitions/health – status/index.html*

SUICIDE RATE BY MEANS (ALL AGES)

Per 100,000 Population	Florida			Lake County			Orange County		
	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-
Cumulative Rate	**18.1**	**17.2**	→	**24.5**	**16.0**	→	**11.5**	**11.7**	←
Firearm	9.5	9.9	←	13.8	10.9	→	5.2	6.9	←
Drug Poisoning	2.1	2.0	→	4.1	1.3	→	1.8	1.1	→
Suffocation	4.4	3.5	→	5.7	1.3	→	2.6	2.7	←
Cut/Pierce	0.3	0.4	←	0.3	0.3	=	0.3	0.2	→
Non-Drug Poisoning	0.4	0.4	=	0.3	0.5	←	0.4	0.3	→
Other Mechanisms	1.2	1.1	→	0.3	1.6	←	1.1	0.6	→

Per 100,000 Population	Osceola County			Seminole County		
	2019	2022	+/-	2019	2022	+/-
Cumulative Rate	**16.2**	**8.8**	→	**12.6**	**15.7**	←
Firearm	8.4	5.6	→	8.1	9.5	←
Drug Poisoning	1.6	0.5	→	1.2	1.9	=
Suffocation	4.4	2.4	→	2.6	2.1	→
Cut/Pierce	0.6	0.3	→	0.2	0.2	=
Non-Drug Poisoning	0.0	0.0	=	0.2	0.7	←
Other Mechanisms	0.9	0.0	→	0.5	1.4	←

Source: Florida Department of Health. Bureau of Community Health Assessment Division of Public Health Statistics and Performance Management. Suicide and Behavioral Health Profile Suicide Deaths and Intentional Self-Harm Injuries

TREND OF AGE-ADJUSTED HOSPITALIZATIONS FOR MENTAL HEALTH DISORDERS

Per 100,000 Population	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2023	959.0	←	841.9	←	1,095.5	→	835.4	←	1,062.0	←
2022	955.0	→	778.9	→	1,119.1	←	761.3	←	1,009.2	←
2020	956.1	→	848.1	→	1,042.3	→	746.5	→	892.0	→
2019	1,026.6	—	941.2	—	1,087.2	—	833.9	—	973.2	—

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Agency for Healthcare Administration

STATEWIDE HOSPITALIZATIONS FOR MENTAL AND BEHAVIORAL HEALTH DISORDERS BY AGE

Per 100,000 Population	Drug and Alcohol Induced Mental Disorders	Mood and Depressive Disorders	Schizophrenic Disorders	Eating Disorders	Hospitalizations Attributable to Mental Disorders
Total Hospitalizations	**165.8**	**425.1**	**233.6**	**13.2**	**920.9**
Under 18	5.9	534.7	19.2	29.4	689.4
18-21	63.0	732.1	302.0	28.2	1,263.2
22-24	106.3	609.7	398.4	21.0	1,232.8
25-44	257.9	486.8	438.9	9.6	1,263.6
45 - 64	271.1	398.4	270.2	6.3	995.8
65-74	151.2	232.6	125.8	6.0	574.4
75 and Older	48.8	125.8	69.9	6.7	426.0

Source: Florida Department of Health Bureau of Community Health Assessment. Division of Public Health Statistics and Performance Management's Suicide and Behavioral Health Profile, 2022

HOSPITALIZATIONS FOR MENTAL AND BEHAVIORAL HEALTH DISORDERS

Per 100,000 Population	Florida	Lake County	Orange County	Osceola County	Seminole County
Drug and Alcohol-Induced Mental Disorders	165.8	115.7	146.6	112.5	155.8
Mood and Depressive Disorders	425.1	352.0	616.8	425.1	581.8
Schizophrenic Disorders	233.6	162.8	295.0	167.1	166.1
Eating Disorders	13.1	8.9	13.6	8.7	15.3

Source: Florida Department of Health Bureau of Community Health Assessment. Division of Public Health Statistics and Performance Management's Suicide and Behavioral Health Profile, 2022

Mental Healthcare Capacity

RATE OF LICENSED BEHAVIORAL HEALTHCARE PROVIDERS

Per 100,000 Population	Florida			Lake County			Orange County		
	2020	2022	+/-	2020	2022	+/-	2020	2022	+/-
Behavioral or mental health professionals[139]	117.1	130.4	→	84.1	96.3	→	119.2	135.4	→
Mental health counselors	57.3	64.0	→	46.4	54.6	→	71.1	80.9	→
Psychologists	23.4	23.0	←	8.4	8.1	←	15.1	15.4	→
Clinical social workers	49.7	55.2	→	31.7	34.7	→	37.4	42.9	→

Per 100,000 Population	Osceola County			Seminole County		
	2020	2022	+/-	2020	2022	+/-
Behavioral or mental health professionals[140]	54.6	61.9	→	176.1	199.2	→
Mental health counselors	30.9	35.9	→	103.9	114.5	→
Psychologists	5.2	6.6	→	21.9	23.3	→
Clinical social workers	21.1	22.3	→	56.6	67.0	→

Source: Florida Department of Health Bureau of Community Health Assessment. Division of Public Health Statistics and Performance Management's Suicide and Behavioral Health Profile

RATIO OF LICENSED BEHAVIORAL HEALTHCARE PROVIDERS[141]

	Florida	Lake County	Orange County	Osceola County	Seminole County
Child and adolescent psychiatric	40.0	12.9	9.9	0.0	0.0
Clinical social worker	1,756	3,171	1,602	3,227	2,244
Mental health provider	693	1,084	476	680	550

Source: Centers for Medicare & Medicaid Services, National Plan and Provider Enumeration System (2024)

[139] *Includes marriage and family therapists, clinical social workers and mental health counselors with active licenses in Florida. Other behavioral healthcare professionals, such as psychologists or school psychologists, are not included in this measure.*

[140] *Includes marriage and family therapists, clinical social workers and mental health counselors with active licenses in Florida. Other behavioral healthcare professionals, such as psychologists or school psychologists, are not included in this measure.*

[141] *This dataset is the ratio of people per one behavioral health care provider practicing in an area.*

RATE OF PSYCHIATRIC BEDS

Per 100,000 Population	Florida			Lake County			Orange County		
	2020	2022	+/-	2020	2022	+/-	2020	2022	+/-
Adult psychiatric beds	20.6	31.4	→	16.8	9.8	←	22.6	23.4	→
Child and adolescent psychiatric beds	3.0	3.1	→	0.0	0.0	=	6.8	4.6	←

Per 100,000 Population	Osceola County			Seminole County		
	2020	2022	+/-	2020	2022	+/-
Adult psychiatric beds	19.3	17.6	←	15.0	14.8	←
Child and adolescent psychiatric beds	0.0	0.0	=	1.7	1.6	←

Source: Florida Department of Health Bureau of Community Health Assessment. Division of Public Health Statistics and Performance Management's Suicide and Behavioral Health Profile

Substance Use

TREND OF ADULTS WHO SELF-REPORTED ENGAGING IN BINGE DRINKING[142]

	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2022	16.1%	←	14.8%	←	18.3%	←	16.7%	←	16.8%	←
2020	14.9%	→	12.6%	→	14.3%	→	14.8%	→	16.2%	→
2019	17.8%	—	14.8%	—	18.9%	—	16.2%	—	18.1%	—

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

SELF-REPORTED CURRENT ADULT TOBACCO USE[143]

Florida			Lake County			Orange County			Osceola County			Seminole County		
2019	2022	+/-	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-	2019	2022	+/-
18.1%	14.2%	→	17.9%	14.8%	→	15.5%	12.4%	→	15.8%	13.3%	→	13.5%	12.3%	→

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health

[142] *Estimated annual prevalence rate of adults aged 18 and over who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days. https://www.cdc.gov/places/measure – definitions/unhealthy – behaviors/index.html*

[143] *Estimated annual prevalence rate of adults aged 18 and over who report having smoked 100 or more cigarettes in their lifetime and currently smoke every day or some days. https://www.cdc.gov/places/measure – definitions/unhealthy – behaviors/index.html*

OVERDOSE DEATH RATES[144]

Per 100,000 Population	Florida		Lake County		Orange County		Osceola County		Seminole County	
	2019	2023	2019	2023	2019	2023	2019	2023	2019	2023
Benzodiazepine	11.6	ND	9.8	2.0	13.4	8.4	8.5	5.2	8.5	2.1
Cocaine	9.6	ND	7.4	2.4	19.0	11.0	11.7	13.7	9.3	3.1
Fentanyl	11.3	ND	12.3	6.3	21.6	16.0	14.1	17.5	10.2	6.1
Heroin	3.6	ND	3.0	0.2	4.2	0.4	4.8	1.2	5.1	ND
Methamphetamine	9.1	ND	8.7	5.4	5.2	4.5	3.5	4.3	4.0	2.3
Opioids	23.6	ND	22.1	7.8	34.7	21.3	24.8	20.6	17.4	7.3

Source: University of Florida Health, Florida Drug-Related Outcomes Surveillance and Tracking System, Summary of Drug Occurences in Decedents

PERCENT CHANGE OF OVERDOSE DEATHS

2019-2023	Lake County	Orange County	Osceola County	Seminole County
Benzodiazepine	-79.6%	-37.3%	-38.8%	-75.3%
Cocaine	-67.6%	-42.1%	**+17.1%**	-66.7%
Fentanyl	-48.8%	-25.9%	**+24.1%**	-40.2%
Heroin	-93.3%	-90.5%	-75.0%	ND
Methamphetamine	-37.9%	-13.5%	**+22.9%**	-42.5%
Opioids	-64.7%	-38.6%	-16.9%	-58.0%

Source: Florida Drug-Related Outcomes Surveillance and Tracking (FROST) System

TREND OF ANNUAL OPIOID PRESCRIPTIONS DISPENSED PER PRESCRIBER[145]

	Florida	+/-	Lake County	+/-	Orange County	+/-	Osceola County	+/-	Seminole County	+/-
2024	129.5	→	28.5	→	46.0	←	23.5	→	32.4	→
2022	130.4	→	30.1	→	42.8	→	25.2	→	34.6	→
2020	137.8	→	33.9	→	49.4	→	27.3	→	41.4	→
2018	155.9	—	35.9	—	54.9	—	28.4	—	53.9	—

Source: Florida Department of Health Bureau of Community Health Assessment Division of Public Health Statistics and Performance Management Substance Use Dashboard

[144] *Heroin overdoses data is from 2022 due to lack of 2023 data.*

[145] *Opioid prescriptions dispensed per number of unique prescribers. Year-to-Date as of 3/4/2025 (Provisional). https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SubstanceUse.SubstanceUseandTreatment*

Appendix B: Community Survey

The Central Florida Collaborative is doing a Community Health Needs Assessment to learn about things going well and things that can be done better to support community health. Your thoughts will help us to learn about health needs, ways to seek services, services that may not be easy for you to get and any issues you face in seeking health so that we can better meet the needs of your community.

Please help us by taking this survey. There are about 60 survey questions and it will take about 15 minutes to complete.

If you would like the chance to be entered into a drawing for a gift card, please provide your contact information at the end of the survey. Your survey responses and contact information are kept separately.

If you have any questions about the survey, please contact our research partner, Crescendo Consulting Group at kkoegel@crescendocg.com.

Your responses are confidential.

1. **In which county do you live? (Please choose only one)**

   ❒ Lake ❒ Orange ❒ Osceola ❒ Seminole ❒ Other (Specify) _____

2. **In which ZIP code do you live? (Please write in) _____**

3. **How many CHILDREN (under age 18) currently live in your home? (Please choose only one)**

   None **(skip to question 15)** ❒ 1 ❒ 2 ❒ 3 ❒ 4 ❒ 5 ❒ 6 or more

--Begin Children's Section --

4. **Was there a time in the PAST 12 MONTHS when children in your home needed medical care but did NOT get the care they needed?**

   ❒ Yes ❒ No **(skip to question 7)**

5. **What are some reasons that kept them from getting the medical care they needed? (Choose all that apply)**

   ❒ Am not sure how to find a doctor
   ❒ Unable to afford to pay for care
   ❒ Cannot take time off work
   ❒ Unable to find a doctor who takes my insurance
   ❒ Cannot take child out of class
   ❒ Do not have insurance to cover medical care
   ❒ Doctor's office does not have convenient hours
   ❒ Transportation challenges
   ❒ Unable to schedule an appointment when needed
   ❒ Unable to find a doctor who knows or understands my culture, identity, beliefs, or language
   ❒ Other (please specify) _____

6. If you were unable to schedule an appointment when needed, about how long (in weeks) did it take to receive care?

_____

7. Was there a time in the PAST 12 MONTHS when children in your home needed dental care but did NOT get the care they needed?

❒ Yes ❒ No **(skip to question 10)**

8. What are some reasons that kept them from getting the dental care they needed? (Choose all that apply)

❒ Am not sure how to find a dentist
❒ Unable to afford to pay for care
❒ Cannot take time off work
❒ Unable to find a dentist who takes my insurance
❒ Cannot take child out of class
❒ Do not have insurance to cover dental care
❒ Dentist's office does not have convenient hours
❒ Transportation challenges
❒ Unable to schedule an appointment when needed
❒ Unable to find a dentist who knows or understands my culture, identity, beliefs, or language
❒ Other (please specify) _____

9. If you were unable to schedule an appointment when needed, for about how long (in weeks) did it take to receive care?

_____

10. Was there a time in the PAST 12 MONTHS when children in your home needed mental and/or behavioral healthcare but did NOT get the care they needed?

❒ Yes ❒ No **(skip to question 13)**

11. If you were unable to schedule an appointment when needed, for about how long (in weeks) did it take to receive care?

_____

12. What are some reasons that kept them from getting the mental and/or behavioral healthcare they needed? (Choose all that apply)

❒ Am not sure how to find a doctor/counselor
❒ Unable to afford to pay for care
❒ Cannot take time off work
❒ Afraid of what people might think
❒ Do not have insurance to cover mental healthcare
❒ Cannot take child out of class
❒ Unable to schedule an appointment when needed
❒ Transportation challenges
❒ Doctor/counselor's office does not have convenient hours
❒ Unable to find a doctor/counselor who takes my insurance

❒ Unable to find a doctor/counselor who knows or understands my culture, identity, beliefs, or language

❒ Other (please specify) _____

The goal of the next question (Question 13) is to understand what you think are the most important HEALTH needs for children in your community. Please answer the next question about children who live in your community, not just your children.

13. When you think about the most important HEALTH needs for children in your community, please select the top 3 most important health needs to address. If you think of a health concern that is not listed here, please write it in under "other". (Please choose only 3)

PLEASE CHOOSE ONLY 3
❒ Accidents and Injuries
❒ Asthma
❒ Respiratory Health Other than Asthma (RSV, cystic fibrosis)
❒ Dental Care
❒ Diabetes
❒ Drug or Alcohol Use
❒ Eye Health (vision)
❒ Healthy Pregnancies and Childbirth (not teen pregnancy)
❒ Immunizations (common childhood vaccines, like mumps, measles, chicken pox, etc.)
❒ Infectious Diseases (including COVID-19)
❒ Special Needs (Physical/Chronic/Behavioral/Developmental/Emotional)
❒ Medically Complex
❒ Attention-Deficit/Hyperactivity Disorder (ADHD)
❒ Mental or Behavioral Health
❒ Healthy Food/Nutrition
❒ Obesity
❒ Physical activity
❒ Safe Sex Practices and Teen Pregnancy
❒ Sexual Identity of Child
❒ Suicide Prevention
❒ Vaping, Cigarette, Cigar, Cigarillo, or E-cigarette Use
❒ Other:

The goal of the next question (Question 14) is to understand what you think are OTHER important needs or concerns that affect child health in your community. Please answer the next question about children who live in your community, not just your children.

14. When you think about OTHER important needs or concerns that affect child health in your community, please rank the top 3 critical needs or concerns most important to address. If you think of a concern that is not listed here, please write it under "Other". (Please choose only 3)

PLEASE CHOOSE ONLY 3
❒ Access to benefits (Medicaid, WIC, SNAP/Food Stamps)
❒ Access to or cost of childcare
❒ Bullying and other stressors in school
❒ Domestic violence, child abuse and/or child neglect
❒ Crime and community violence
❒ Educational needs
❒ Family member alcohol or drug use
❒ Housing
❒ Human trafficking
❒ Hunger or access to healthy food
❒ Lack of employment opportunities
❒ Legal problems
❒ Language Barriers
❒ Parenting education (parenting skills for child development)
❒ Safe neighborhoods and places for children to play
❒ Social media
❒ Traffic safety
❒ Transportation challenges
❒ Other (please specify concern) _____

--End Children's Section --

15. Overall, how would you rate the health of the community in which you live? (Please choose only one)

❒ Very unhealthy ❒ Unhealthy ❒ Somewhat healthy ❒ Healthy ❒ Very healthy ❒ Not sure

16. Please read the list of risky behaviors listed below. Which 3 do you believe are the most harmful to the overall health of your community? (Please choose only 3)

PLEASE CHOOSE ONLY 3
❒ Alcohol abuse/drinking too much alcohol (beer, wine, spirits, mixed drinks)
❒ Dropping out of school
❒ Illegal drug use/abuse or misuse of prescription medications
❒ Lack of exercise
❒ Poor eating habits
❒ Not getting “vaccines” to prevent disease
❒ Not wearing helmets
❒ Not using seat belts/not using child safety seats
❒ Vaping, Cigarette, Cigar, Cigarillo, or E-cigarette Use
❒ Unsafe sex including not using birth control
❒ Distracted driving (texting, eating, talking on the phone)
❒ Not locking up guns
❒ Not seeing a doctor while you are pregnant

17. Read the list of health problems and think about your community. Which of these do you believe are most important to address to improve the health of your community? (Please choose only 3)

PLEASE CHOOSE ONLY 3

- ❒ Aging Problems (for example: difficulty getting around, dementia, arthritis)
- ❒ Cancers
- ❒ Child Abuse/Neglect
- ❒ Clean Environment/Air and Water Quality
- ❒ Climate Change
- ❒ Dental Problems
- ❒ Diabetes/High Blood Sugar
- ❒ Domestic Violence/Rape/Sexual Assault/Human Trafficking
- ❒ Gun-Related Injuries
- ❒ Being Overweight
- ❒ Mental Health Problems Including Suicide
- ❒ Illegal Drug Use/Abuse of Prescription Medications and Alcohol Abuse/Drinking Too Much
- ❒ Heart Disease/Stroke/High Blood Pressure
- ❒ HIV/AIDS/Sexually Transmitted Diseases (STDs)
- ❒ Homicide
- ❒ Infectious Diseases Like Hepatitis, TB and COVID-19
- ❒ Motor Vehicle Crash Injuries
- ❒ Infant Death
- ❒ Respiratory/Lung Disease
- ❒ Teenage Pregnancy
- ❒ Maternal Mortality/Maternal Health

18. Please read the list below. Which do you believe are the 3 most important factors needed to improve the quality of life in your community? (Please choose only 3)

PLEASE CHOOSE ONLY 3
❒ Good Place to Raise Children
❒ Low Crime/Safe Neighborhoods
❒ Good Schools
❒ Access to Healthcare
❒ Parks and Recreation
❒ Clean Environment/Air and Water Quality
❒ Low-Cost Housing
❒ Arts and Cultural Events
❒ Low-Cost Health Insurance
❒ Tolerance/Embracing Diversity
❒ Good Jobs and Healthy Economy
❒ Strong Family Life
❒ Access to Low-Cost, Healthy Food
❒ Healthy Behaviors and Lifestyles
❒ Sidewalks/Walking Safety
❒ Public Transportation/Community transportation
❒ Religious or Spiritual Values
❒ Disaster Preparedness
❒ Emergency Medical Services
❒ Access to Good Health Information
❒ Strong Community/Community Knows and Supports Each Other

19. In the past 12 months, I worried about whether our food would run out before we got money to buy more. (Please choose only one)

❒ Often true ❒ Sometimes true ❒ Never true

20. In the past 12 months, the food that we bought just did not last and we did not have money to get more. (Please choose only one)

❒ Often true ❒ Sometimes true ❒ Never true

21. In the last 12 months, did you or anyone living in your home ever get emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen?

❒ Yes ❒ No

22. About how many cups of fruit or vegetables do you consume each day?

❒ 0 ❒ 1 ❒ 2 ❒ 3 ❒ 4 ❒ 5 ❒ More than 5

22. Do you usually get 150 minutes of moderate to vigorous physical activity in a typical week?

❒ Yes ❒ No

24. Has there been any time in the past 2 years when you were living on the street, in a car, or in a temporary shelter?

❒ Yes ❒ No

25. Are you worried or concerned that in the next 2 months you may not have stable housing that you own, rent, or stay?

❒ Yes ❒ No

26. In the past 12 months, has your utility company shut off your service for not paying your bills?

❒ Yes ❒ No

These next questions are about your personal health and your opinions about getting healthcare in your community.

27. Overall, how would you rate YOUR OWN PERSONAL health? (Please choose only one)

❒ Very unhealthy ❒ Unhealthy ❒ Somewhat healthy ❒ Healthy ❒ Very healthy ❒ Not sure

28. Was there a time in the PAST 12 MONTHS when you needed medical care but did NOT get the care you needed?

❒ Yes ❒ No **(skip to question 30)**

29. What are some reasons that kept you from getting medical care? (Choose all that apply)

❒ Unable to schedule an appointment when needed
❒ Am not sure how to find a doctor
❒ Unable to find a doctor who takes my insurance
❒ Unable to afford to pay for care
❒ Doctor's office does not have convenient hours
❒ Transportation challenges
❒ Do not have insurance to cover medical care
❒ Cannot take time off work
❒ Unable to find a doctor who knows or understands my culture, identity, beliefs, or language
❒ Other (please specify) _____

30. Below are some statements about your connections with the people in your life. Please tell us if you agree or disagree with each statement.

	Agree	Disagree	Not Sure
I am happy with my friendships	❒	❒	❒
I am happy with my relationships	❒	❒	❒
I have enough people I can ask for help at any time	❒	❒	❒
My relationships are as satisfying as I would want them to be	❒	❒	❒
My friendships are as satisfying as I would want them to be	❒	❒	❒
I feel safe in my home	❒	❒	❒

31. Over the past 12 months, how often have you had thoughts of hurting yourself in some way or that you would be better off dead? (Please choose only one)

❒ Not at all ❒ Several days ❒ More than half the days ❒ Nearly every day

If you would like help with or would like to talk about these issues,
please call the National Suicide Prevention Hotline at 1-800-273-8255.

The following questions are about your access to resources.

32. Thinking about your MENTAL health, which includes stress, depression and problems with emotions, how would you rate your overall mental health? (Please choose only one)

❒ Excellent ❒ Very good ❒ Good ❒ Fair ❒ Poor ❒ Not Sure

33. Was there a time in the PAST 12 MONTHS when you needed mental healthcare but did NOT get the care you needed?

❒ Yes ❒ No **(skip to question 35)**

34. What are some reasons that kept you from getting mental healthcare? (Choose all that apply)

❒ Am not sure how to find a doctor/counselor
❒ Unable to afford to pay for care
❒ Unable to schedule an appointment when needed
❒ Transportation challenges
❒ Do not have insurance to cover mental healthcare
❒ Cannot take time off work
❒ Fear of family or community opinion
❒ Unable to find doctor/counselor who takes my insurance
❒ Doctor/counselor office does not have convenient hours
❒ Unable to find a doctor/counselor who knows/understands my culture, identity, beliefs, language
❒ Other_____

35. Was there a time in the PAST 12 MONTHS when you needed DENTAL care but did NOT get the care you needed?

❒ Yes ❒ No **(skip to question 37)**

36. What are some reasons that kept you from getting dental care? (Choose all that apply)

❒ Unable to schedule an appointment when needed
❒ Am not sure how to find a dentist
❒ Do not have insurance to cover dental care
❒ Unable to afford to pay for care
❒ Dentist office does not have convenient hours
❒ Transportation challenges
❒ Unable to find a dentist who takes my insurance
❒ Cannot take time off work
❒ Unable to find a dentist who knows or understands my culture, identity, beliefs, or language
❒ Other _____

37. In the past 12 months, how many times have you gone to a hospital emergency room (ER) about your own health? (Please choose only one)

❒ 1 time ❒ 2 times ❒ 3-4 times ❒ 5-9 times ❒ 10 or more times
❒ I have not gone to a hospital ER in the past 12 months (Skip to question 39)

38. What is the MAIN reason you used the emergency room INSTEAD of going to a doctor's office or clinic? (Choose all that apply)

❒ After hours/Weekend
❒ I don't have a doctor/clinic
❒ Long wait for an appointment with my regular doctor
❒ Cost
❒ Emergency/Life-threatening situation
❒ I don't have insurance
❒ Other

39. Have you ever been told by a doctor or other medical provider that you had any of the following health issues? (Choose all that apply)

❒ Cancer
❒ Heart disease
❒ Depression/Anxiety
❒ High blood pressure/Hypertension
❒ Diabetes/High Blood Sugar
❒ Obesity
❒ HIV/AIDS
❒ Stroke
❒ COPD
❒ None of These

40. How often do you use any of the following products? (Please choose only one response per row)

	I do not use these products	On some days	Once a day	More than once a day
Chewing tobacco, snuff, snus, dip, cigarettes, cigars or little cigars				
E-cigarettes, e-cigars, e-hookahs, e-pipes, hookah pens, vape pipes and vape pens				

41. Please select the choice that best describes your awareness and use of health-related social needs referral services, websites and platforms. (For example, Findhelp, 211, Unite Us, Whole Health Hub, OCPS Connect, HUBB by Healthy West Orange, Orange County Library System Social Worker Assistance Program)

❒ I am not aware of and have not used these resources

❒ I am aware of these resources, but I have not used them

❒ I am aware of these resources and I have used them

❒ I don't know

❒ Other (please specify): _____

42. In your day-to-day life how often have any of the following things happened to you?

	At least once a week	A few times a month	A few times a year	Never
You are treated with less courtesy or respect than other people				
You receive poorer service than other people at restaurants or stores				
People act as if they think you are not smart				
People act as if they are afraid of you				
You are threatened or harassed				
You are not treated fairly by one or more parts of the judicial system (including law enforcement, courts, attorney, etc.)				
People criticized your accent or the way you speak				

43. What do you think is the main reason for these experiences? (Choose all that apply)

❒ Your Ancestry or National Origins ❒ Your Race ❒ Your Religion

❒ Your Weight ❒ Your Gender ❒ Your Age

❒ Your Sexual Orientation ❒ Your Height ❒ A Physical Disability

❒ Some Other Aspect of Your Physical Appearance

❒ Your Political Beliefs or Party Affiliation

The final question is about ACEs, or adverse childhood experiences, that happened during your childhood. This information will allow us to better understand how problems that may occur early in life can have a health impact later in life. This is a sensitive topic and some people may feel uncomfortable with these questions. If you prefer not to answer these questions, you may skip them.

For this question, please think back to the time BEFORE you were 18 years of age.

44. From the list of events below, please check the box next to events you experienced BEFORE the age of 18. (Choose all that apply)

❒ Lived with anyone who was depressed, mentally ill, or suicidal

❒ Lived with anyone who was a problem drinker or alcoholic

❒ Lived with anyone who used illegal street drugs or who abused prescription medications

❒ Lived with anyone who served time or was sentenced to serve time in prison, jail, or other correctional facility

❒ Parents were separated or divorced

❒ Parents or adults experienced physical harm (slap, hit, kick, etc.)

❒ Parent or adult physically harmed you (slap, hit, kick, etc.)

❒ Parent or adult verbally harmed you (swear, insult, or put down)

❒ Adult or anyone at least 5 years older touched you sexually

❒ Adult or anyone at least 5 years older made you touch them sexually

❒ Adult or anyone at least 5 years older forced you to have sex

About You

45. What is your age? (Please choose only one)

❒ 18 to 24 25 to 34 35 to 44 45 to 54 55 to 64 65 to 74 75 or older

46. Are you of Hispanic or Latino origin or descent? (Please choose only one)

❒ Yes, Hispanic or Latino No, not Hispanic or Latino Prefer not to answer

47. Which race best describes you? (Please choose only one)

❒ More than one race

❒ American Indian or Alaska Native

❒ Native Hawaiian or Pacific Islander

❒ I identify in another way: _____

❒ African American or Black

❒ Asian

❒ White

❒ Prefer not to answer

48. Do you consider yourself to be:

- ❒ Straight
- ❒ Lesbian
- ❒ Gay
- ❒ Bisexual
- ❒ Other
- ❒ Don't know/Not sure
- ❒ Prefer not to answer

49. Do you consider yourself to be transgender?

❒ Yes ❒ No ❒ Prefer not to answer

50. If yes, do you consider yourself to be:

- ❒ Male-to-female
- ❒ Female-to-male
- ❒ Gender non-conforming
- ❒ Prefer not to answer

51. What language do you MAINLY speak at home? (Please choose only one)

❒ Arabic ❒ Chinese ❒ English ❒ French ❒ German
❒ Haitian Creole ❒ Russian ❒ Spanish ❒ Vietnamese
❒ Portuguese ❒ I speak another language: _____

52. What is the highest level of school that you have completed? (Please choose only one)

❒ Less than high school ❒ Some high school, but no diploma ❒ High school diploma or GED
❒ Some college, no degree ❒ Vocational/Technical School ❒ Associate degree
❒ Bachelor's degree ❒ Master's/Graduate or professional degree or higher
❒ Prefer not to answer

53. How much total combined money did all people living in your home earn last year? (Please choose only one)

❒ $0 to $9,999 ❒ $10,000 to $19,999 ❒ $20,000 to $29,999
❒ $30,000 to $39,999 ❒ $40,000 to $49,999 ❒ $50,000 to $59,999
❒ $60,000 to $69,999 ❒ $70,000 to $79,000 ❒ $80,000 to $89,999
❒ $90,000 to $99,999 ❒ $100,000 to $124,999 ❒ $125,000 to $149,999
❒ $150,000 or more ❒ Prefer not to answer

54. Which of the following categories best describes your employment status? (Choose all that apply)

- ❒ Employed, working full-time
- ❒ Employed, working part-time
- ❒ Not employed, looking for work
- ❒ Not employed, NOT looking for work
- ❒ Student (If so, what school: _____)
- ❒ Retired
- ❒ Disabled, not able to work
- ❒ Prefer not to answer

55. Please select all that apply to you (select all that apply):

- ❒ I am blind or I have trouble seeing even when wearing glasses
- ❒ I am deaf or hard of hearing
- ❒ I have difficulty doing errands alone such as visiting a doctor's office or shopping
- ❒ I have serious difficulty in my daily life caused by: mood, intense feelings, controlling my impulses, or hearing, seeing, sensing something that others around me are not
- ❒ I have a really hard time learning how to do things most people my age can learn
- ❒ I have trouble concentrating, remembering, or making decisions because of a physical, mental, or emotional condition
- ❒ I have trouble getting dressed, taking a bath, or showering
- ❒ I have trouble walking or climbing stairs
- ❒ I have a disability or medical condition not described by any of the conditions above (please specify): _____
- ❒ Prefer not to answer
- ❒ None of the above

56. Are you

❒ A Veteran ❒ In Active Duty ❒ National Guard/Reserves

❒ None of the above **(skip to question 58)**

57. If Veteran, Active Duty, National Guard, or Reserves, are you receiving care at the VA?

❒ Yes ❒ No

58. How do you pay for most of your healthcare? (Please choose only one)

- ❒ I pay cash/I don't have insurance
- ❒ Medicare or Medicare HMO
- ❒ Commercial health insurance (from Employer)
- ❒ Veteran's Administration
- ❒ County health plan
- ❒ TRICARE
- ❒ Indian Health Services
- ❒ Marketplace insurance plan
- ❒ I pay another way: _____

59. Including yourself, how many people currently live in your home? (Please choose only one)

❒ 1 ❒ 2 ❒ 3 ❒ 4 ❒ 5 ❒ 6 or more

60. Are you a caregiver to an adult family member who cannot care for themselves in your home?

❒ Yes ❒ No

That concludes our survey.
Thank you for participating! Your feedback is important.

Orange County

For information on adverse childhood experiences, go to **PACEs Connection** online at **www.acesconnectioninfo.com**. PACEs Connection is a social network that recognizes the impact of a wide variety of adverse childhood experiences (ACEs) in shaping adult behavior and health that promotes trauma-informed and resilience-building practices and policies in all families, organizations, systems and communities.

Please find the list of community resources used for this Community Health Needs Assessment Survey.

FindHelp.org
Search and connect to support. Financial assistance, food pantries, medical care and other free or reduced-cost help starts here.

United Way 211
Simply call 211 to speak to someone now, or search by location for online resources and more contact information.

National Suicide Prevention Lifeline
The Lifeline provides 24/7, free and confidential support for people in distress and prevention and crisis resources for you or your loved ones. 1-800-273-8255

Crisis Text Line
Crisis Text Line provides free, 24/7 support via text message. We're here for everything: anxiety, depression, suicide, school. Text HOME to 741741

Lake County Community Resource Guide
Lake County Community Resource Guide
Providing resources to Lake County residents that range from basic needs to behavioral health.

Orange County

Resources to Help You with Mental Health

NAMI Greater Orlando
National Alliance on Mental Illness, Greater Orlando
NAMIGO, an affiliate of the National Alliance on Mental Illness is a 501(c)3 not-for-profit organization that provides free support, advocacy, outreach and education to those with mental health conditions and their loved ones.

Aspire Health Partners

Aspire Health Partners

Providing the highest quality of compassionate, comprehensive and cost effective integrated behavioral healthcare.

Victim Service Center

To provide individualized services and resources to victims of sexual assault, violent crime and traumatic circumstances, through crisis response, advocacy, therapy and community awareness.

Osceola County

Osceola Community Health Services

Services to assist clients confront and work through the difficult issues in their lives, we offer counseling services for all ages. Our clinicians are trained to listen and interact in a way that helps you get to the very root of your emotional concerns.

Seminole County

La Amistad Behavioral Health Services in Orlando | LAmistad.com

La Amistad Behavioral Health Services are set in quiet, residential areas in Maitland and Winter Park, Florida, minutes away from Orlando. We treat individuals ranging from young adolescents to adults. We have treatment programs for psychiatric issues, issues and dual diagnosis for those struggling with both. The therapeutic environment at La Amistad is serene and homelike and the semitropical climate of Central Florida allows for year-round activities. The greatest asset at our mental health facility is the staff, comprising highly-qualified psychiatrists, psychologists, professional nurses, social workers, therapists and psychiatric attendants who work as a team to uphold La Amistad's reputation for excellence in helping patients resolve behavioral health issues.

Information on Adverse Childhood Experiences

PACEs Connection

PACEs Connection is a social network that recognizes the impact of a wide variety of adverse childhood experiences (ACEs) in shaping adult behavior and health that promotes trauma-informed and resilience-building practices and policies in all families, organizations, systems and communities.

Recognizing and Treating Child Traumatic Stress

Learn about the signs of traumatic stress, its impact on children, treatment options and how families and caregivers can help.

TedTalk: How Childhood Trauma Affects Health Across a Lifetime

Nadine Burke Harris reveals a little-understood, yet universal factor in childhood that can profoundly impact adult-onset disease.

Appendix C: Stakeholder Interview Guide

Good morning [or afternoon]. My name is [Interviewer Name] from Crescendo Consulting Group. We are working with Central Florida Collaborative to conduct a Community Health Needs Assessment of the community. The Central Florida Collaborative is comprised of several health systems as well as four county health departments in Central Florida.

The purpose of this conversation is to learn more about the strengths and resources in the community, as well as collect your insights regarding community health and related service needs. Specifically, we are interested in learning about the ways people seek services and your insights about equal access to healthcare across the community. While we will describe our discussion in a written report, specific quotes will not be attributed to individuals.

Do you have any questions for me before we start?

Note to interviewer: Availability of services/care = are there services/resources in the community? Access to services/care = hours of operation; providers accepting new patients; wait times; physical accessibility/location

Introductory Questions

1. Please tell me a little about yourself and how you interact with your local community (i.e., what does your organization do?)
2. When you think of good things about living and/or working in your community, what are the first things that come to mind?
3. What does a "healthy" community look like to you? How has the health of your community changed in the past three years (good or bad)?
4. If you had to pick the top two or three challenges or things people struggle with most in your community, what comes to mind? *[PROBE: behavioral health, access to care, housing, etc.]*

Access To Care and Delivery of Services

5. What, if any, healthcare services are difficult to find and/or access? And why?

   PROBE List (As needed):

   Quality primary care (Services for adults, children & adolescents).

   Specialty care services

   Maternal and prenatal care for expectant mothers Other OB/GYN services

Labs/imaging

Immunizations and preventative testing

Senior Services (PROBE: hospice, end-of-life care, specialists, etc.).

Post-COVID-19/impacts of COVID-19 care

Dental

6. What health-related resources are available in your community?

Behavioral Health

7. What, if any, behavioral healthcare services (including mental health and substance use) are difficult to find and/or access? Why?

   PROBE LIST: Crisis Services, Inpatient Beds; Autism specialists, Outpatient services, transitional housing, integrated care/primary care, crisis services. Etc.

8. What behavioral-health resources are available in your community?
   PROBE LIST: Treatment (IP & OP), Crisis, Recovery

9. What types of stigma, if any, exist when it comes to seeking treatment for mental health and/or substance use disorders?

Health Equity, Vulnerable Populations, Barriers

10. Do you think people in your community are generally **HEALTHY**? Please explain why you think people are healthy or not healthy in your community?

11. How can we improve the overall health of your community?

12. Would you say healthcare services are equally available to everyone in your community regardless of gender, race, age or socioeconomics? What populations are especially vulnerable and/or underserved in your community?

13. What barriers to services and resources exist, if any?

    PROBE: based on economic, race/ethnicity, gender, or other factors?

    Do community healthcare providers care for patients in a culturally sensitive manner?

14. What would you say are the two or three most urgent needs for the most vulnerable?

Social Drivers, Neighborhood & Physical Environment

15. From your perspective what are the top three non-health-related needs in your community and why?

    PROBE LIST AS NEEDED:

    Affordable housing

    Services for people experiencing homelessness

    Food insecurity and access to healthy food

    Childcare

    Transportation

    Internet and technology access

    Employment and job training opportunities

    Others

Enhancing Outreach & Disseminating Information

16. How do individuals generally learn about access to and availability of services in your area?

    PROBE: Social media, Text WhatsApp, word of mouth, etc.

    To what degree is health literacy in the community an advantage or challenge?

17. What do you think are some challenges to spreading awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?

Magic Wand

18. If there was one issue that you personally could change about community health in your area with the wave of a magic wand, what would it be?

Thank you for your time and participation!

RESEARCHER FOOTNOTES

Bring up each of the following topics and include probes and subcategories in the dialogue as needed.

Not all topics may be covered in all interviews. Discussion content will be modified to respond to the interviewees' professional background and availability of time during the interview.

Appendix D: Focus Group Guide

Welcome & introductions

Good morning [or afternoon]. My name is [Interviewer Name] from Crescendo Consulting Group. We are working with Central Florida Collaborative to conduct a Community Health Needs Assessment of the community. The Central Florida Collaborative is comprised of several health systems as well as four county health departments in Central Florida.

Explain the general purpose of the discussion

The purpose of this meeting today is to learn more about the strengths and resources in the community, as well as collect your insights regarding community health and related service needs. Specifically, we are interested in learning about the ways people seek services and your insights about equal access to healthcare across the community. While we will describe our discussion in a written report, specific quotes will not be attributed to individuals.

Explain the necessity for notetaking and recording

We're taking notes and recording the session to assist us in recalling your thoughts. We will describe our discussion in a written report; however, individual names will not be used. Please consider what you say and hear here to be confidential.

Describe protocol and logistics for those who have not been to a group before

For those of you who have not participated in a focus group before, the basic process is that I will ask questions throughout our session, however, please feel free to speak up at any time. In fact, I encourage you to respond directly to the comments other people make. If you don't understand a question, please let me know. We are here to ask questions, listen and make sure everyone has a chance to share and feel comfortable. If you need to take a break to use the restroom, please do.

If virtual

If you have a private question, feel free to type it in the Chat area of the software. Please be respectful of the opinions of others. Honest opinions are the key to this process and there are no right or wrong answers to the questions. I'd like to hear from each of you and learn more about your opinions, both positive and negative.

Do you have any questions for me before we start?

Note to moderator: Availability of services/care = are there services/resources in the community? Access to services/care = hours of operation; providers accepting new patients; wait times; physical accessibility/location

Introductory Questions

1. Please tell me a little about yourself and how you interact with your local community (i.e., what does your organization do?)

2. When you think of good things about living and/or working in your community, what are the first things that come to mind?

3. What does a "healthy" community look like to you? How has the health of your community changed in the past three years (good or bad)?

4. If you had to pick the top two or three challenges or things people struggle with most in your community, what comes to mind? *[PROBE: behavioral health, access to care, housing, etc.]*

Access To Care And Delivery Of Services

5. What, if any, healthcare services are difficult to find and/or access? And why?

   PROBE List (As needed):

   Quality primary care (Services for adults, children & adolescents).

   Specialty care services

   Maternal and prenatal care for expectant mothers Other OB/GYN services

   Labs/imaging

   Immunizations and preventative testing

   Senior Services (PROBE: hospice, end-of-life care, specialists, etc.).

   Post-COVID-19/impacts of COVID-19 care

   Dental

6. What health-related resources are available in your community?

Behavioral Health

7. What, if any, behavioral healthcare services (including mental health and substance use) are difficult to find and/or access? Why?

   PROBE LIST: Crisis Services, Inpatient Beds; Autism specialists, Outpatient services, transitional housing, integrated care/primary care, crisis services, etc.

8. What behavioral-health resources are available in your community?
   PROBE LIST: Treatment (IP & OP), Crisis, Recovery

9. What types of stigma, if any, exist when it comes to seeking treatment for mental health and/or substance use disorders?

Health Equity, Vulnerable Populations, Barriers

10. Do you think people in your community are generally **HEALTHY**? Please explain why you think people are healthy or not healthy in your community?

11. How can we improve the overall health of your community?

12. Would you say healthcare services are equally available to everyone in your community regardless of gender, race, age or socioeconomics? What populations are especially vulnerable and/or underserved in your community?

13. What barriers to services and resources exist, if any?

    PROBE: based on economic, race/ethnicity, gender, or other factors?

    Do community healthcare providers care for patients in a culturally sensitive manner?

14. What would you say are the two or three most urgent needs for the most vulnerable?

Social Drivers, Neighborhood & Physical Environment

15. From your perspective what are the top three non-health-related needs in your community and why?

    PROBE LIST AS NEEDED:

    Affordable housing

    Services for people experiencing homelessness

    Food insecurity and access to healthy food

    Childcare

    Transportation

    Internet and technology access

    Employment and job training opportunities

    Others

Enhancing Outreach & Disseminating Information

16. How do individuals generally learn about access to and availability of services in your area?

    PROBE: Social media, Text WhatsApp, word of mouth, etc.

    To what degree is health literacy in the community an advantage or challenge?

17. What do you think are some challenges to spreading awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?

Magic Wand

18. If there was one issue that you personally could change about community health in your area with the wave of a magic wand, what would it be?

Thank you for your time and participation!

RESEARCHER FOOTNOTES

Bring up each of the following topics and include probes and subcategories in the dialogue as needed.

Not all topics may be covered in all interviews. Discussion content will be modified to respond to the interviewees' professional background and availability of time during the interview.

Appendix E: Community Survey Tables

DEMOGRAPHICS TABLE

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Age						
18-24	4.5%	3.0%	3.8%	3.0%	1.8%	**3.3%**
25-34	21.6%	27.5%	12.6%	17.1%	14.4%	**20.4%**
35-44	20.3%	21.1%	22.0%	36.9%	18.0%	**24.3%**
45-54	21.6%	17.7%	17.4%	15.8%	23.3%	**18.4%**
55-64	19.4%	22.3%	21.7%	12.6%	23.9%	**19.7%**
65-74	10.4%	7.2%	13.4%	10.8%	14.4%	**10.3%**
75+	2.2%	1.2%	9.1%	3.8%	4.2%	**3.6%**
Race						
American Indian or Alaska Native	0.8%	0.9%	2.2%	0.2%	0.6%	**0.9%**
Asian	1.5%	5.3%	2.0%	3.4%	0.0%	**3.1%**
Black/African American	9.1%	17.8%	12.5%	7.4%	17.2%	**12.9%**
Native Hawaiian or Pacific islander	0.0%	0.6%	1.1%	0.5%	0.6%	**0.6%**
White	77.7%	58.5%	58.9%	76.1%	62.6%	**66.4%**
More than one race	3.8%	8.0%	8.6%	4.6%	5.5%	**6.4%**
Prefer not to answer	5.1%	5.8%	9.7%	5.5%	8.6%	**6.5%**
I identify in another way	2.0%	3.1%	5.0%	2.3%	4.9%	**3.2%**
Ethnicity						
Yes, Hispanic or Latino	15.2%	25.9%	47.7%	25.5%	21.9%	**27.3%**
No, not Hispanic or Latino	80.3%	70.8%	45.6%	69.9%	71.6%	**68.0%**
Prefer not to say	4.5%	3.3%	6.7%	4.6%	6.5%	**4.7%**
Highest Level of Education						
Less than high school	0.0%	0.4%	3.8%	0.5%	0.6%	**1.0%**
Some high school, but no diploma	1.8%	0.9%	5.7%	1.1%	0.6%	**1.9%**
High school diploma or GED	8.3%	3.9%	11.4%	4.5%	4.9%	**6.3%**

Some college, no degree	11.7%	12.6%	18.0%	9.1%	17.3%	**13.0%**
Vocational/technical school	7.0%	5.5%	7.9%	5.9%	6.2%	**6.4%**
Associate degree	21.8%	8.4%	10.1%	20.2%	11.7%	**14.1%**
Bachelor's degree	29.1%	34.2%	27.9%	29.0%	27.2%	**30.4%**
Master's grade or professional degree or higher	19.8%	33.7%	14.4%	29.5%	27.8%	**26.2%**
Prefer not to say	0.5%	0.4%	0.8%	0.2%	3.7%	**0.7%**
Household Income						
$0-$9,999	1.3%	1.0%	8.3%	1.4%	2.5%	**2.5%**
$10,000 to $19,999	2.5%	2.2%	9.4%	1.1%	1.9%	**3.3%**
$20,000 to $29,999	3.8%	3.5%	7.2%	3.4%	2.5%	**4.1%**
$30,000 to $39,999	4.3%	6.7%	8.3%	3.9%	10.6%	**6.2%**
$40,000 to $49,999	7.8%	9.1%	9.4%	5.2%	9.9%	**8.2%**
$50,000 to $59,999	17.6%	8.7%	7.2%	6.8%	9.3%	**9.8%**
$60,000 to $69,999	2.8%	7.4%	6.1%	11.2%	4.3%	**6.8%**
$70,000 to $79,999	4.5%	4.6%	4.7%	6.6%	8.7%	**5.4%**
$80,000 to $89,999	5.8%	4.8%	6.1%	11.8%	5.6%	**6.8%**
$90,000 to $99,999	8.3%	4.6%	3.3%	8.9%	8.1%	**6.3%**
$100,000 to $124,999	12.1%	9.7%	7.0%	11.2%	12.4%	**10.2%**
$125,000 to $149,999	8.1%	7.4%	3.3%	6.6%	4.3%	**6.4%**
$150,000 or more	12.3%	19.7%	7.8%	13.7%	7.5%	**13.9%**
Prefer not to say	8.8%	10.6%	11.9%	8.2%	12.4%	**10.1%**
Employment Status						
Employed, full time	77.9%	77.2%	48.4%	74.4%	66.5%	**70.4%**
Employed, part-time	6.2%	7.6%	9.5%	5.2%	6.7%	**7.1%**
Retired	6.0%	6.2%	19.7%	9.0%	14.6%	**10.0%**
Not employed, looking for work	2.0%	2.3%	6.0%	1.8%	1.8%	**2.8%**
Disabled, not able to work	3.5%	1.3%	7.9%	4.1%	2.4%	**3.7%**
Not employed, not looking for work	0.5%	1.0%	4.5%	2.9%	1.8%	**2.0%**
Prefer not to say	2.2%	1.9%	2.0%	1.8%	3.1%	**1.8%**
Student	1.7%	2.4%	2.0%	1.8%	3.1%	**2.2%**

Disability Status						
None of the above	61.7%	67.3%	56.6%	69.1%	68.8%	**64.7%**
Blind have trouble seeing even when wearing glasses	0.3%	0.8%	1.0%	0.5%	0.0%	**0.6%**
Deaf or hard to hearing	2.4%	1.9%	2.3%	1.6%	1.9%	**2.0%**
Have difficulty doing errands alone	0.8%	3.6%	1.8%	0.5%	0.0%	**1.8%**
Serious difficulty in my daily life caused by mood intense feeling	11.2%	2.7%	2.6%	4.2%	0.6%	**4.4%**
Hard time learning how to do things most people my age can learn	0.3%	0.6%	1.0%	2.3%	0.6%	**1.0%**
Trouble concentrating, remembering, or making decisions because physical, mental, or emotional condition	9.8%	10.5%	7.8%	8.2%	10.2%	**9.3%**
Have trouble getting dressed, taking a bath, or showering	0.5%	0.2%	0.5%	1.6%	0.6%	**0.7%**
Have trouble walking or climbing stairs	2.7%	4.2%	11.4%	4.4%	4.5%	**5.4%**
Prefer not to say	4.0%	4.8%	7.0%	4.0%	4.5%	**4.9%**
Conditions not described above	6.4%	3.4%	8.0%	3.5%	8.3%	**5.3%**
Veteran Status						
A veteran	5.9%	6.7%	5.5%	16.6%	6.3%	**8.4%**
In active duty	2.6%	1.3%	0.0%	0.7%	0.0%	**1.1%**
National guard/reserve	4.8%	0.3%	0.8%	5.4%	0.0%	**2.3%**
None above	86.7%	91.7%	93.7%	77.3%	93.7%	**88.2%**

Health Status

PERSONAL HEALTH STATUS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Very unhealthy	0.9%	1.0%	2.5%	1.7%	2.7%	**1.5%**
Unhealthy	6.3%	8.0%	13.4%	5.6%	11.9%	**8.5%**
Somewhat healthy	45.6%	37.0%	46.4%	38.1%	39.7%	**40.8%**
Healthy	33.3%	41.8%	31.8%	41.5%	35.9%	**37.8%**
Very healthy	13.2%	12.1%	4.9%	12.9%	9.8%	**11.0%**
Not sure	0.7%	0.1%	1.0%	0.2%	0.0%	**0.4%**

NEEDING MEDICAL CARE IN THE PAST I2 MONTHS BUT NOT RECEIVE IT

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Yes	28.5%	24.4%	25.7%	23.0%	37.3%	**26.2%**
No	71.5%	75.6%	74.3%	77.0%	62.7%	**73.8%**

REASONS NOT RECEIVING MEDICAL CARE

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Unable to schedule an appointment when needed	8.7%	4.2%	6.5%	5.2%	2.7%	**5.5%**
Not sure how to find a doctor	3.1%	0.0%	0.0%	0.9%	0.0%	**0.8%**
Unable to find a doctor who takes my insurance	6.3%	3.6%	4.7%	1.7%	1.4%	**3.7%**
Unable to afford to pay for care	10.2%	15.6%	9.3%	12.1%	15.1%	**12.7%**
Doctor's office does not have convenient hours	9.4%	5.7%	3.7%	5.2%	4.1%	**5.9%**
Transportation challenges	5.5%	2.6%	4.7%	3.4%	1.4%	**3.6%**
Do not have insurance to cover medical care	11.8%	18.2%	20.6%	17.2%	19.2%	**17.2%**
Cannot take time off work	18.9%	22.4%	22.4%	25.0%	23.3%	**22.3%**
Unable to find a doctor who knows or understands my culture, identity, beliefs or language	19.7%	18.8%	15.9%	11.2%	15.1%	**16.6%**
Other	6.3%	8.9%	12.1%	18.1%	17.8%	**11.7%**

MENTAL HEALTH STATUS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Excellent	17.7%	16.2%	17.3%	14.1%	17.8%	**16.4%**
Very good	27.6%	31.2%	26.5%	37.2%	28.9%	**30.7%**
Good	32.3%	28.7%	27.4%	28.9%	26.6%	**29.0%**
Fair	17.9%	17.9%	20.7%	15.2%	21.1%	**18.1%**
Poor	3.8%	5.7%	6.2%	4.4%	5.0%	**5.1%**
Not sure	0.7%	0.3%	1.9%	0.2%	0.6%	**0.7%**

NEEDING MENTAL HEALTHCARE IN PAST I2 MONTHS BUT NOT RECEIVE IT

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Yes	23.1%	19.8%	18.3%	20.4%	23.3%	**20.5%**
No	76.9%	80.2%	81.7%	79.6%	76.7%	**79.5%**

REASONS NOT RECEIVING MENTAL HEALTHCARE

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Not sure how to find a doctor	2.8%	1.9%	1.2%	2.0%	2.2%	**2.0%**
Unable to afford to pay for care	8.5%	12.3%	12.0%	14.7%	15.2%	**12.2%**
Unable to schedule an appointment when needed	6.6%	3.2%	3.6%	5.9%	2.2%	**4.5%**
Transportation challenges	1.9%	0.0%	1.2%	0.0%	0.0%	**0.6%**
Do not have insurance to cover mental healthcare	8.5%	8.4%	9.6%	6.9%	13.0%	**8.7%**
Cannot take time off work	10.4%	7.7%	12.0%	6.9%	4.3%	**8.5%**
Fear of family or community opinion	4.7%	8.4%	6.0%	9.8%	8.7%	**7.5%**
Unable to find doctor/counselor who takes my insurance	9.4%	12.3%	6.0%	10.8%	10.9%	**10.2%**
Doctor's office does not have convenient hours	13.2%	12.9%	19.3%	20.6%	10.9%	**15.4%**
Unable to find a doctor who knows or understands my culture, identity, beliefs or language	23.6%	23.9%	18.1%	13.7%	19.6%	**20.3%**
Other	10.4%	9.0%	10.8%	8.8%	13.0%	**10.0%**

NEEDING DENTAL CARE IN THE PAST 12 MONTHS BUT NOT RECEIVING IT

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Yes	32.3%	27.6%	36.5%	26.6%	35.6%	**30.5%**
No	67.7%	72.4%	63.5%	73.4%	64.4%	**69.5%**

REASONS NOT RECEIVING DENTAL CARE

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Unable to schedule an appointment when needed	3.5%	0.5%	2.7%	3.8%	1.4%	**2.3%**
Not sure how to find a dentist	6.3%	0.5%	0.7%	0.0%	0.0%	**1.6%**
Do not have insurance to cover dental care	6.3%	4.2%	8.7%	6.9%	2.9%	**6.0%**
Unable to afford pay for care	32.9%	28.8%	34.7%	31.5%	37.7%	**32.2%**
Dentist's office does not have convenient hours	7.7%	9.4%	6.7%	3.1%	4.3%	**6.8%**
Transportation challenges	6.3%	3.3%	6.7%	4.6%	2.9%	**4.8%**
Unable to find a dentist who takes my insurance	8.4%	14.6%	10.7%	12.3%	8.7%	**11.5%**
Cannot take time off work	9.1%	16.5%	12.0%	16.9%	20.3%	**14.5%**
Unable to find a doctor who knows or understands my culture, identity, beliefs or language	11.2%	10.4%	8.7%	9.2%	10.1%	**9.9%**
Other	8.4%	11.8%	8.7%	11.5%	11.6%	**10.4%**

GONE TO THE ER IN THE PAST 12 MONTHS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
1 time	21.5%	22.2%	21.0%	23.8%	20.3%	**22.0%**
2 times	19.0%	7.8%	10.1%	9.8%	6.8%	**10.7%**
3-4 times	2.6%	3.1%	8.4%	7.4%	6.2%	**5.1%**
5-9 times	0.7%	0.9%	2.3%	0.7%	1.1%	**1.1%**
10 or more	0.0%	0.4%	0.0%	0.0%	0.6%	**0.2%**
I have not gone to ER	56.2%	65.6%	58.2%	58.3%	65.0%	**60.9%**

REASONS FOR RECEIVING CARE AT ER

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
After hours/weekend	19.8%	18.6%	25.7%	15.4%	16.1%	**19.3%**
I don't have a doctor/clinic	1.6%	3.5%	4.8%	2.6%	3.2%	**3.1%**
Long wait for an appointment with my regular doctor	24.6%	8.9%	10.8%	10.8%	6.5%	**12.9%**
Emergency/life-threatening situation	16.0%	5.0%	4.8%	13.8%	1.6%	**9.1%**
I don't have insurance	3.2%	4.7%	10.2%	4.6%	16.1%	**6.2%**
Other	8.6%	9.3%	6.0%	10.8%	11.3%	**9.0%**

SELF-REPORTED HEALTH CONDITIONS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
None of the above	31.1%	34.6%	22.8%	28.8%	27.8%	**30.0%**
Cancer	1.7%	2.0%	1.8%	0.4%	3.0%	**1.7%**
Heart disease	0.7%	0.7%	1.3%	0.7%	0.6%	**0.8%**
Depression/anxiety	11.2%	14.0%	9.4%	16.2%	12.45	**13.0%**
High blood pressure	16.5%	15.6%	16.3%	19.0%	14.2%	**16.5%**
Diabetes	7.5%	6.5%	10.8%	5.1%	7.1%	**7.2%**
Obesity	23.6%	20.8%	29.9%	25.7%	27.2%	**24.5%**
HIV/AIDs	0.2%	1.0%	0.8%	0.7%	0.0%	**0.7%**
Stroke	0.7%	1.3%	2.9%	0.4%	1.8%	**1.3%**
COPD	6.6%	3.5%	3.9%	3.1%	5.9%	**4.3%**

Health Behaviors

TOBACCO USAGE, INCLUDING CHEWING TOBACCO, SNUFF, SNUS, DIP AND CIGARETTES

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
I don't use these product	81.3%	90.9%	88.6%	83.6%	84.0%	**86.5%**
On some days	11.9%	4.3%	4.2%	9.8%	4.1%	**6.9%**
Once a day	3.2%	2.5%	1.6%	3.1%	1.8%	**2.6%**
More than once a day	3.6%	2.3%	5.6%	3.5%	10.1%	**4.0%**

VAPING USAGE, INCLUDING E-CIGARETTES, VAPE PENS AND VAPE PIPES

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
I don't use these product	82.0%	92.1%	91.5%	91.2%	93.2%	**89.9%**
On some days	10.6%	3.9%	4.4%	5.6%	3.1%	**5.6%**
Once a day	4.7%	1.9%	0.3%	0.5%	0.0%	**1.7%**
More than once a day	2.7%	2.1%	3.8%	2.7%	3.7%	**2.8%**

FRUITS AND VEGETABLES CONSUMPTION

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
0	2.8%	4.5%	8.4%	4.3%	4.8%	**4.9%**
1	27.0%	31.8%	36.9%	26.4%	38.2%	**31.2%**
2	34.4%	32.0%	27.0%	31.1%	26.9%	**30.9%**
3	21.3%	18.0%	15.3%	17.5%	16.7%	**18.0%**
4	9.2%	7.3%	9.2%	13.8%	8.1%	**9.4%**
5	2.5%	3.9%	1.0%	4.1%	1.6%	**2.9%**
More than 5	2.8%	2.5%	2.2%	2.8%	3.7%	**2.7%**

150 MINUTES OF PHYSICAL ACTIVITY PER WEEK

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Yes	56.0%	50.5%	42.4%	47.1%	50.8%	**49.4%**
No	44.0%	49.5%	57.6%	52.9%	49.2%	**50.6%**

Social Drivers of Health

WORRIED ABOUT FOOD RUNNING OUT BEFORE MORE MONEY IN THE PAST 12 MONTHS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Often true	9.7%	10.1%	22.4%	9.1%	15.7%	**12.5%**
Sometimes true	32.3%	29.1%	31.0%	30.5%	29.7%	**30.4%**
Never true	58.0%	60.8%	46.6%	60.4%	54.6%	**57.1%**

FOOD BOUGHT DID NOT LAST AND DON'T HAVE MONEY FOR MORE IN THE PAST 12 MONTHS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Often true	7.6%	8.1%	18.1%	7.3%	10.3%	**9.8%**
Sometimes true	31.0%	22.4%	29.2%	26.8%	26.6%	**26.6%**
Never true	61.4%	69.5%	52.7%	65.9%	63.1%	**63.6%**

ACCESS EMERGENCY FOOD IN PAST 12 MONTHS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Yes	28.1%	19.1%	33.9%	18.4%	30.1%	**24.2%**
No	71.9%	80.9%	66.1%	81.6%	69.9%	**75.8%**

WORRIED ABOUT STABLE HOUSING

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Yes	23.1%	15.0%	24.5%	15.2%	18.5%	**18.6%**
No	76.9%	85.0%	75.5%	84.8%	81.5%	**81.4%**

UTILITY SHUT OFF SERVICES DUE TO LACK OF PAYMENT IN THE PAST 12 MONTHS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Yes	17.9%	8.4%	11.4%	7.0%	8.2%	**10.5%**
No	82.1%	91.6%	88.6%	93.0%	91.8%	**89.5%**

Community Health and Needs

HEALTH OF THE COMMUNITY

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Very Unhealthy	1.4%	1.8%	6.0%	2.8%	4.5%	**2.9%**
Unhealthy	0.7%	0.1%	0.5%	0.2%	1.1%	**0.4%**
Somewhat Healthy	14.2%	12.0%	20.3%	8.7%	15.2%	**13.4%**
Healthy	52.6%	45.2%	46.9%	39.0%	46.6%	**45.7%**
Very Healthy	23.8%	33.2%	20.6%	42.6%	29.8%	**30.9%**
Not Sure	7.3%	7.7%	5.7%	6.7%	2.8%	**6.7%**

MOST HARMFUL RISKY BEHAVIORS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Alcohol abuse/drinking too much alcohol (beer, wine, spirits, mixed drinks)	1.3%	0.1%	0.2%	0.0%	0.0%	**0.3%**
Dropping out of school	0.7%	0.1%	0.0%	0.0%	0.0%	**0.2%**
Illegal drug use/abuse or misuse of prescription medications	2.2%	0.6%	1.3%	0.2%	2.0%	**1.1%**
Lack of exercise	2.4%	1.5%	2.0%	1.5%	1.0%	**1.7%**
Poor eating habits	9.7%	9.1%	5.5%	5.4%	9.1%	**7.8%**
Immunizations	3.8%	4.8%	2.7%	4.6%	5.1%	**4.2%**
Not wearing helmets	1.8%	1.0%	2.0%	1.5%	2.5%	**1.6%**
Not using seatbelts/not using child safety seats	2.9%	3.1%	2.0%	1.2%	1.5%	**2.3%**
Vaping, cigarette, cigar, cigarillo or e-cigarette use	17.5%	12.6%	15.7%	13.3%	20.2%	**14.9%**
Unprotected sex	4.4%	7.1%	5.1%	5.6%	6.6%	**5.8%**
Distracted driving (texting, eating, talking on the phone)	36.7%	39.2%	42.8%	35.7%	36.9%	**38.5%**
Not locking up guns	11.1%	16.2%	15.3%	23.0%	12.1%	**16.1%**
Not seeing a doctor while you are pregnant	5.5%	4.5%	5.3%	8.1%	3.0%	**5.5%**

MOST IMPORTANT HEALTH PROBLEMS TO ADDRESS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Aging problems	0.9%	0.1%	0.2%	0.2%	0.5%	**0.3%**
Cancers	0.9%	0.1%	0.0%	0.2%	0.0%	**0.3%**
Child abuse/neglect	0.2%	0.3%	0.0%	0.0%	0.0%	**0.1%**
Clean environment /air and water quality	0.7%	0.4%	0.7%	0.2%	0.5%	**0.5%**
Climate change	0.7%	0.9%	0.2%	0.4%	0.5%	**0.6%**
Dental problems	0.9%	0.3%	0.7%	0.4%	0.0%	**0.5%**
Diabetes/high blood sugar	1.3%	1.3%	3.6%	1.2%	1.0%	**1.7%**
Domestic violence/rape/sexual assault/human trafficking	2.0%	1.8%	1.2%	1.9%	1.5%	**1.7%**
Gun related injuries	0.7%	1.4%	1.9%	1.9%	1.0%	**1.4%**
Being overweight	6.2%	5.5%	7.1%	3.5%	7.1%	**5.7%**
Mental health problems including suicide	11.7%	20.5%	12.6%	16.1%	14.1%	**15.9%**
Illegal drug use/abuse of prescription medication and alcohol abuse/drinking too much	24.1%	17.4%	17.1%	15.9%	23.7%	**18.9%**
Heart disease/stroke/high blood pressure	19.5%	14.0%	13.8%	15.1%	12.1%	**15.1%**
HIV/AIDS/STDs	3.3%	4.5%	4.0%	2.5%	4.0%	**3.7%**
homicide	1.3%	2.7%	2.6%	4.3%	3.0%	**2.8%**
Infectious diseases like hepatitis, TB	5.8%	4.2%	6.7%	5.0%	2.5%	**5.0%**
Motor vehicle crash injuries	10.8%	12.2%	15.2%	11.0%	13.6%	**12.3%**
Infant death	2.0%	0.9%	1.0%	2.1%	1.0%	**7.8%**
Respiratory/lung disease	2.2%	2.8%	4.8%	4.8%	4.5%	**3.6%**
Teenage pregnancy	2.9%	2.6%	4.0%	5.2%	2.5%	**3.4%**
Maternal mortality/maternal health	2.0%	6.4%	2.6%	8.3%	6.1%	**5.2%**

MOST IMPORTANT FACTORS TO IMPROVE QUALITY OF LIFE

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Good place to raise children	0.0%	0.0%	0.0%	0.2%	0.0%	*0.0%*
Low crime/safe neighborhoods	0.2%	0.0%	0.0%	0.0%	0.0%	*0.0%*
Good schools	0.9%	0.1%	0.7%	0.2%	0.0%	**0.4%**
Access to healthcare	1.1%	0.9%	0.9%	0.0%	0.0%	**0.7%**
Park and recreation	0.7%	0.5%	0.4%	1.7%	0.5%	**0.7%**
Clean environment/air and water quality	1.1%	0.8%	0.7%	1.4%	0.5%	**0.9%**
Low-cost housing	1.3%	1.8%	3.7%	1.7%	2.0%	**2.1%**
Arts and culture events	0.7%	0.8%	0.2%	0.6%	0.5%	**0.6%**
Low-cost health insurance	2.0%	4.1%	4.4%	4.1%	6.1%	**3.9%**
Tolerance/embracing diversity	1.3%	1.5%	0.9%	1.4%	1.5%	**1.4%**
Good jobs and healthy economy	8.2%	10.0%	7.0%	7.2%	9.1%	**8.4%**
Strong family life	4.0%	4.9%	3.3%	3.1%	7.6%	**4.3%**
Access to low-cost healthy food	18.6%	14.6%	18.1%	16.3%	15.2%	**16.4%**
Healthy behaviors and lifestyles	13.9%	11.7%	7.3%	12.4%	12.1%	**11.4%**
Sidewalks/walking safety	2.0%	3.6%	6.6%	2.3%	4.5%	**3.7%**
Public transportation /community transportation	5.8%	8.8%	9.5%	7.9%	4.5%	**7.8%**
Religious or spiritual values	9.3%	7.7%	8.8%	7.6%	11.1%	**8.5%**
Disaster preparedness	0.4%	1.8%	3.7%	2.9%	1.5%	**2.1%**
Emergency medical services	3.8%	3.2%	2.9%	4.8%	3.5%	**3.6%**
Access to good health information	6.4%	7.1%	7.3%	6.2%	3.5%	**6.5%**
Strong community/community knows and supports each other	18.4%	16.2%	13.7%	18.0%	16.7%	**16.5%**

Children

NUMBER OF CHILDREN AT HOME

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
None	45.3%	49.0%	56.3%	45.2%	55.8%	**49.5%**
1	31.2%	23.3%	21.5%	28.7%	21.2%	**25.4%**
2	14.5%	19.3%	16.3%	21.0%	14.3%	**17.7%**
3	7.0%	5.4%	3.7%	3.5%	4.1%	**4.9%**
4	1.2%	2.0%	1.8%	0.4%	4.1%	**1.7%**
5	0.4%	1.0%	0.2%	1.2%	0.5%	**0.7%**
6 or more	0.4%	0.0%	0.2%	0.0%	0.0%	**0.1%**

CHILD NEEDING MEDICAL CARE BUT DID NOT RECEIVE IT IN THE PAST 12 MONTHS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Yes	30.6%	21.3%	26.3%	14.1%	21.9%	**22.5%**
No	69.4%	78.7%	73.7%	85.9%	78.1%	**77.5%**

REASONS WHY CHILD DID NOT RECEIVE MEDICAL CARE

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Not sure how to find a doctor	2.4%	1.1%	0.0%	2.4%	0.0%	**1.3%**
Unable to afford to pay for care	3.6%	5.3%	5.2%	4.9%	9.5%	**5.0%**
Cannot take time off work	4.8%	5.3%	0.0%	4.9%	4.8%	**4.0%**
Unable to find a doctor who takes my insurance	8.4%	4.2%	8.6%	2.4%	9.5%	**6.4%**
Cannot take children out of class	6.0%	3.2%	0.0%	7.3%	0.0%	**3.7%**
Do not have insurance to cover medical care	13.3%	14.7%	15.5%	9.8%	19.0%	**14.1%**
Doctor's office does not have convenient hours	8.4%	6.3%	12.1%	4.9%	4.8%	**7.7%**
Transportation challenges	20.5%	36.8%	25.9%	31.7%	33.3%	**29.2%**
Unable to schedule an appointment when needed	20.5%	36.8%	25.9%	31.7%	33.3%	**29.2%**
Unable to find a doctor who understands me	20.5%	12.6%	15.5%	14.6%	9.5%	**15.4%**
Other	3.6%	6.3%	13.8%	9.8%	9.5%	**7.7%**

CHILD NEEDING DENTAL CARE BUT DID NOT RECEIVE IT IN THE PAST 12 MONTHS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Yes	36.0%	25.2%	26.4%	15.1%	18.8%	**24.9%**
No	64.0%	74.8%	73.6%	84.9%	81.3%	**75.1%**

REASONS WHY CHILD DID NOT RECEIVE DENTAL CARE

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Not sure how to find a dentist	5.4%	0.9%	0.0%	2.3%	0.0%	**2.2%**
Unable to afford to pay for care	8.7%	8.3%	5.5%	7.0%	11.1%	**7.9%**
Cannot take time off work	2.2%	2.8%	5.5%	7.0%	5.6%	**3.8%**
Unable to find a dentist who takes my insurance	13.0%	10.2%	16.4%	9.3%	16.7%	**12.3%**
Cannot take children out of class	2.2%	1.9%	1.8%	0.0%	0.0%	**1.6%**
Do not have insurance to cover dental care	8.7%	17.6%	23.6%	18.6%	22.2%	**16.5%**
Dentist's office does not have convenient hours	7.6%	5.6%	3.6%	11.6%	5.6%	**6.6%**
Transportation challenges	9.8%	6.5%	1.8%	2.3%	5.6%	**6.0%**
Unable to schedule an appointment when needed	19.6%	29.6%	25.5%	27.9%	16.7%	**25.0%**
Unable to find a dentist who understands me	15.2%	11.1%	5.5%	2.3%	5.6%	**9.8%**
Other	7.6%	5.6%	10.9%	11.6%	11.1%	**8.2%**

CHILD NEEDING MENTAL OR BEHAVIORAL HEALTHCARE IN THE PAST 12 MONTHS

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Yes	29.4%	22.1%	22.1%	13.3%	16.0%	**21.2%**
No	70.6%	77.9%	77.9%	86.7%	84.0%	**78.8%**

REASONS WHY CHILD DID NOT RECEIVE MENTAL OR BEHAVIORAL HEALTHCARE

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Not sure how to find a doctor/counselor	3.6%	2.0%	0.0%	4.9%	0.0%	**2.4%**
Unable to afford to pay for care	3.6%	2.0%	0.0%	2.4%	5.9%	**2.4%**
Cannot take time off work	3.6%	1.0%	2.1%	4.9%	5.9%	**2.8%**
Afraid of what people might think	3.6%	0.0%	4.2%	0.0%	0.0%	**1.7%**
Do not have insurance to cover mental healthcare	7.2%	6.1%	6.3%	9.8%	11.8%	**7.3%**
Cannot take child out of class	7.2%	0.0%	2.1%	0.0%	11.8%	**3.1%**
Unable to schedule an appointment when needed	9.6%	24.5%	10.4%	9.8%	11.8%	**15.0%**
Transportation challenges	3.6%	1.0%	0.0%	0.0%	0.0%	**1.4%**
Doctor/counselor's office does not have convenient hours	10.8%	10.2%	8.3%	17.1%	5.9%	**10.8%**
Unable to find a doctor/counselor who takes my insurance	21.7%	24.5%	25.0%	29.3%	17.6%	**24.0%**
Unable to find a doctor/counselor who understands me	15.7%	14.3%	25.0%	9.8%	11.8%	**15.7%**
Other	9.6%	14.3%	16.7%	12.2%	17.6%	**13.2%**

MOST IMPORTANT HEALTH NEEDS FOR CHILDREN

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Accidents and injuries	1.2%	0.0%	0.0%	0.4%	0.0%	**0.3%**
Asthma	0.8%	0.0%	0.5%	0.4%	0.0%	**0.3%**
Respiratory health other than asthma (RSV, cystic fibrosis)	0.8%	0.3%	0.0%	0.0%	0.0%	**0.3%**
Dental care	1.6%	0.0%	0.5%	0.0%	0.0%	**0.4%**
Diabetes	0.4%	0.0%	0.5%	0.4%	0.0%	**0.3%**
Drug and alcohol use	0.8%	0.0%	0.0%	0.4%	0.0%	**0.3%**
Eye health (vision)	0.4%	1.8%	0.5%	1.1%	1.2%	**1.1%**
Healthy pregnancies and childbirth (not teen pregnancy)	1.2%	0.3%	0.0%	0.0%	0.0%	**0.3%**
Immunizations (common childhood vaccines, like mumps, measles, chickenpox, etc.)	1.6%	0.8%	2.1%	0.8%	1.2%	**1.2%**
Infectious diseases	0.8%	0.8%	2.1%	1.1%	1.2%	**1.1%**
Special needs (physical, chronic, behavioral, developmental, emotional)	1.6%	1.0%	0.5%	1.9%	2.4%	**1.4%**
Medically complex	2.0%	0.3%	0.0%	1.5%	0.0%	**0.9%**
Attention-deficit/hyperactivity disorder (ADHD)	2.0%	1.3%	3.6%	3.1%	2.4%	**2.3%**
Mental or behavioral health	9.8%	11.3%	8.3%	10.7%	10.6%	**10.3%**
Healthy food/nutrition	11.0%	18.6%	15.0%	13.4%	14.1%	**14.9%**
Obesity	6.9%	8.6%	7.3%	12.6%	9.4%	**9.0%**
Physical activity	15.9%	16.0%	18.7%	15.3%	11.8%	**15.9%**
Safe sex practices and teen pregnancy	6.5%	6.8%	7.3%	11.5%	5.9%	**7.8%**
Sexual identity of child	2.4%	5.0%	1.0%	6.5%	1.2%	**3.9%**
Suicide prevention	15.9%	10.7%	12.4%	9.2%	12.9%	**11.9%**
Vaping, cigarette, cigar, cigarillo or e-cigarette use	14.7%	12.6%	16.6%	8.8%	22.4%	**13.5%**
Other	1.2%	3.9%	3.1%	1.1%	3.5%	**2.6%**

OTHER IMPORTANT NEEDS OR CONCERNS THAT AFFECT CHILD HEALTH

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Access to benefit (medical, WIC, SNAP/food stamps)	1.6%	0.0%	0.5%	0.4%	0.0%	**0.5%**
Access to or cost of childcare	0.4%	0.0%	0.5%	0.0%	0.0%	**0.2%**
Bullying and other stressors in school	0.8%	0.5%	1.5%	0.0%	0.0%	**0.6%**
Domestic violence, child abuse and/or child neglect	1.6%	0.5%	0.5%	2.3%	2.3%	**1.3%**
Crime and community violence	1.6%	0.8%	1.0%	1.1%	1.2%	**1.1%**
Educational needs	1.2%	3.9%	2.6%	2.3%	3.5%	**2.7%**
Family member alcohol or drug use	1.6%	1.6%	2.1%	0.8%	1.2%	**1.4%**
Housing	4.5%	4.4%	8.2%	6.4%	3.5%	**5.4%**
Human trafficking	5.3%	3.9%	2.1%	3.8%	2.3%	**3.7%**
Hunger or access to healthy food	14.6%	10.9%	9.2%	8.6%	10.5%	**10.9%**
Lack of employment opportunities	4.1%	3.9%	5.1%	3.8%	3.5%	**4.1%**
Legal problems	0.8%	0.5%	1.5%	3.0%	1.2%	**1.4%**
Language barriers	1.6%	3.9%	7.7%	3.8%	0.0%	**3.7%**
Parenting education (parenting skills for child development)	7.3%	12.0%	5.1%	11.3%	5.8%	**10.3%**
Safe neighborhoods and places for children to play	14.2%	13.8%	14.9%	12.4%	19.8%	**14.2%**
Social media	21.5%	20.1%	20.5%	21.4%	24.4%	**21.1%**
Traffic safety	7.3%	8.9%	7.2%	6.8%	10.5%	**7.9%**
Transportation challenges	7.7%	7.6%	6.7%	7.9%	4.7%	**7.3%**
Other	2.0%	2.9%	3.1%	4.1%	5.8%	**3.2%**

Social Connectedness

CONNECTIONS WITH PEOPLE

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Happy with my Friends						
Agree	87.4%	88.2%	84.8%	87.8%	86.7%	**87.2%**
Disagree	6.9%	6.2%	6.8%	7.0%	6.1%	**6.6%**
Not sure	5.7%	5.6%	8.4%	5.2%	7.2%	**6.2%**
Happy with my Relationship						
Agree	79.7%	84.7%	78.7%	86.7%	83.7%	**82.9%**
Disagree	14.2%	8.7%	10.6%	4.8%	9.6%	**9.4%**
Not sure	6.1%	6.6%	10.6%	8.5%	6.7%	**7.7%**
Have Enough People I can Ask for Help at Any Time						
Agree	81.1%	77.1%	62.5%	70.6%	71.1%	**73.2%**
Disagree	13.2%	15.8%	22.0%	17.0%	18.3%	**17.0%**
Not sure	5.7%	7.1%	15.5%	12.4%	10.6%	**9.8%**
My Relationships are Satisfying as I Would Want Them to Be						
Agree	73.7%	75.7%	65.2%	70.0%	69.4%	**71.6%**
Disagree	18.7%	15.1%	19.2%	13.7%	20.6%	**16.7%**
Not sure	7.6%	9.2%	15.6%	16.3%	10.0%	**11.7%**
My Friendships are Satisfying as I Would Want Them to Be						
Agree	72.6%	79.4%	70.7%	74.0%	72.6%	**74.8%**
Disagree	18.9%	13.2%	16.9%	13.2%	18.4%	**15.4%**
Not sure	8.5%	7.4%	12.4%	12.8%	9.0%	**9.8%**
I Feel Safe in My Home						
Agree	91.2%	92.4%	91.8%	94.5%	93.8%	**92.6%**
Disagree	6.4%	3.4%	4.4%	3.1%	3.4%	**4.1%**
Not sure	2.4%	4.2%	3.8%	2.4%	2.8%	**3.3%**

THOUGHTS OF HURTING YOURSELF

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Not at all	81.6%	88.9%	88.1%	88.2%	92.1%	**87.5%**
Several days	15.3%	9.3%	9.1%	10.0%	5.6%	**10.2%**
More than half the days	2.8%	1.1%	2.3%	0.9%	1.7%	**1.7%**
Nearly every day	0.3%	0.7%	0.5%	0.9%	0.6%	**0.6%**

HOW OFTEN HAVE THE FOLLOWING HAPPENED TO YOU

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Treated with Less Courtesy						
At least once a week	11.0%	11.6%	11.3%	11.0%	19.1%	**11.9%**
A few times a month	23.5%	13.3%	15.7%	12.4%	9.3%	**15.2%**
A few times a year	26.3%	36.8%	30.0%	36.6%	35.2%	**33.3%**
Never	39.2%	38.3%	43.0%	40.0%	36.4%	**39.6%**
Receive Poor Service Than Other People						
At least once a week	7.8%	4.5%	4.7%	2.1%	6.8%	**4.8%**
A few times a month	5.8%	6.8%	9.5%	5.8%	5.0%	**6.8%**
A few times a year	25.3%	34.7%	28.7%	33.7%	33.3%	**31.5%**
Never	61.1%	54.0%	57.1%	58.4%	54.9%	**56.9%**
People Act as if They Think You Are Not Smart						
At least once a week	8.0%	6.6%	8.0%	6.3%	10.5%	**7.4%**
A few times a month	14.6%	8.9%	9.7%	8.8%	6.2%	**9.9%**
A few times a year	24.6%	30.9%	27.7%	29.0%	27.8%	**28.4%**
Never	52.8%	53.6%	54.6%	55.9%	55.5%	**54.3%**
Act as if They Are Afraid of You						
At least once a week	5.3%	3.2%	2.3%	2.5%	3.1%	**3.2%**
A few times a month	6.8%	5.2%	3.8%	3.1%	3.1%	**4.6%**
A few times a year	14.3%	13.8%	10.5%	13.5%	11.7%	**13.1%**
Never	73.6%	77.8%	83.4%	80.9%	82.1%	**79.1%**
You Are Threatened or Harassed						
At least once a week	2.5%	2.8%	2.3%	2.3%	1.9%	**2.4%**
A few times a month	11.5%	4.9%	3.5%	3.9%	1.9%	**5.5%**
A few times a year	16.6%	19.3%	13.3%	17.5%	22.8%	**17.5%**
Never	69.4%	73.0%	80.9%	76.3%	73.4%	**74.6%**
Not Treated Fairly by One or More Parts of the Judicial System						
At least once a week	3.0%	2.6%	1.3%	1.3%	1.2%	**2.0%**
A few times a month	6.5%	2.7%	2.0%	3.6%	2.5%	**3.5%**
A few times a year	9.3%	12.0%	10.0%	8.6%	9.3%	**10.2%**
Never	81.2%	82.7%	86.7%	86.5%	87.0%	**84.3%**
People Criticized Your Accent or the Way You Speak						
At least once a week	11.1%	14.7%	12.5%	11.9%	14.7%	**13.2%**
A few times a month	1.3%	1.5%	2.7%	1.0%	8.8%	**2.1%**
A few times a year	22.2%	22.8%	16.1%	11.9%	23.5%	**19.2%**
Never	65.4%	61.0%	68.7%	75.2%	53.0%	**65.5%**

REASON FOR EXPERIENCE

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Ancestry or national origins	2.4%	4.4%	12.0%	4.5%	11.1%	**6.0%**
Race	7.5%	15.6%	15.5%	8.4%	14.3%	**12.4%**
Religion	3.1%	3.0%	2.2%	1.3%	0.0%	**2.3%**
Weight	8.6%	5.0%	6.3%	4.5%	4.8%	**5.7%**
Gender	14.4%	15.4%	10.4%	12.4%	10.3%	**13.2%**
Age	25.7%	19.8%	17.1%	19.7%	23.8%	**20.6%**
Sexual orientation	2.7%	4.6%	2.2%	2.1%	1.6%	**3.0%**
Height	3.4%	5.3%	3.8%	2.6%	5.6%	**4.1%**
Physical disability	5.1%	4.8%	3.5%	6.1%	4.0%	**4.8%**
Some other aspect of your physical appearance	12.0%	11.7%	15.2%	25.3%	16.7%	**15.8%**
Political beliefs or party affiliation	15.1%	10.4%	11.7%	13.2%	7.9%	**11.9%**

ADVERSE CHILDHOOD EXPERIENCES (ACES)

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Lived with anyone who was depressed, mentally ill or suicidal	4.9%	6.1%	4.7%	3.9%	6.6%	**5.1%**
Lived with anyone who was problem drinker or alcoholic	6.9%	5.3%	3.6%	15.2%	4.9%	**7.6%**
Lived with anyone who used illegal street drugs or who abused prescription medications	1.7%	3.0%	2.5%	1.7%	1.6%	**2.3%**
Lived with anyone who served time or was sentenced to serve time in prison, jail or other correctional facility	7.3%	2.2%	0.4%	2.0%	1.6%	**2.7%**
Parents were separated or divorced	18.8%	18.8%	23.3%	12.9%	11.5%	**17.6%**
Parents or adults experienced physical harm	8.3%	4.0%	5.5%	8.1%	5.7%	**6.2%**
Parents or adults physically harmed you	4.2%	4.2%	3.3%	6.2%	4.9%	**4.6%**
Parent or adult verbally harmed you	21.9%	31.9%	28.7%	27.2%	32.0%	**28.4%**

Adult or anyone at least 5 years older touched you sexually	10.8%	11.1%	10.5%	10.1%	12.3%	**10.8%**
Adult or anyone at least 5 years older made you touch them sexually	8.0%	5.1%	6.9%	5.1%	9.0%	**6.3%**
Adult or anyone at least 5 years older forced you to have sex	7.3%	8.3%	10.5%	7.6%	9.8%	**8.5%**

Awareness and use of health-related social needs referral services, websites and platforms (for example, Findhelp, 211, Unite Us, Whole Health Hub, OCPS Connect, HUBB by Healthy West Orange, Orange County Library System Social Worker Assistance Program).

	Lake County	Orange County	Osceola County	Seminole County	Other	Total
Not aware and have not used these resources	55.7%	45.9%	57.2%	47.8%	50.9%	**50.6%**
Aware of these resources but have not used them	23.1%	38.2%	24.5%	36.8%	29.7%	**31.9%**
Aware of these resources and have used them	15.7%	11.7%	10.4%	10.3%	10.3%	**11.8%**
I don't know	5.0%	2.8%	6.0%	3.3%	5.5%	**4.2%**
Other	0.5%	1.4%	1.9%	1.8%	3.6%	**1.5%**

Appendix F: Access Audit Summary

Phone-based access audits serve as an effective tool to evaluate how easily community members can access healthcare services across the Central Florida Collaborative service area with a focus on assessing access rather than profiling specific sites. The main aim of these audits is to gain a thorough understanding of practical access to services as well as identify barriers faced by individuals seeking care.

Crescendo conducted calls to facilities within the Central Florida Collaborative four-county region with direct access via publicly available phone numbers. The audit encompassed organizations in healthcare, food access and basic needs, maternal and child services and community support networks.

The calls evaluated a variety of intake aspects, including but not limited to 'Ease of speaking with a person,' 'Automated answer - was the automated answer efficient?,' language options, description of services offered, wait time to speak with someone on the phone, 'Ability of the site or facility to accept new patients' and 'Wait times' for screening or intake appointment/ process and for an initial appointment.

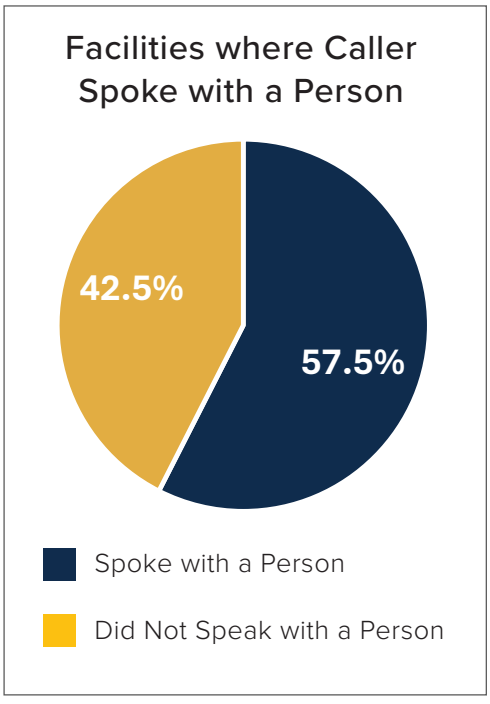
Facilities Included in Access Audit

Lake County

1. WIC of Lake County
2. CareSpot Urgent Care-Orlando Health
3. Find, Feed and Restore
4. Faith Neighborhood Center
5. Florida Department of Health in Lake County
6. Community Health Centers
7. AdventHealth Community Clinic Waterman

Orange County

1. Orange Blossom Family Health
2. Mental Health Association of Central Florida
3. Community Health Centers
4. Aspire Health Partners
5. Christian Service Center for Central Florida
6. Centra Care Colonial Towne Center



7. AdventHealth Orlando ER
8. Florida Department of Health in Orange County
9. Hebni Nutrition Consultants, Inc.
10. Hope CommUnity Center
11. IDignity
12. Orlando Health Virtual Visit
13. Shepherd's Hope
14. Grace Medical Home
15. Orlando Health Orlando Regional Medical Center
16. Center for Independent Living
17. Catholic Charities of Central Florida Clinics
18. Orange County United Way - 211
19. Second Harvest Food Bank
20. The Center Orlando

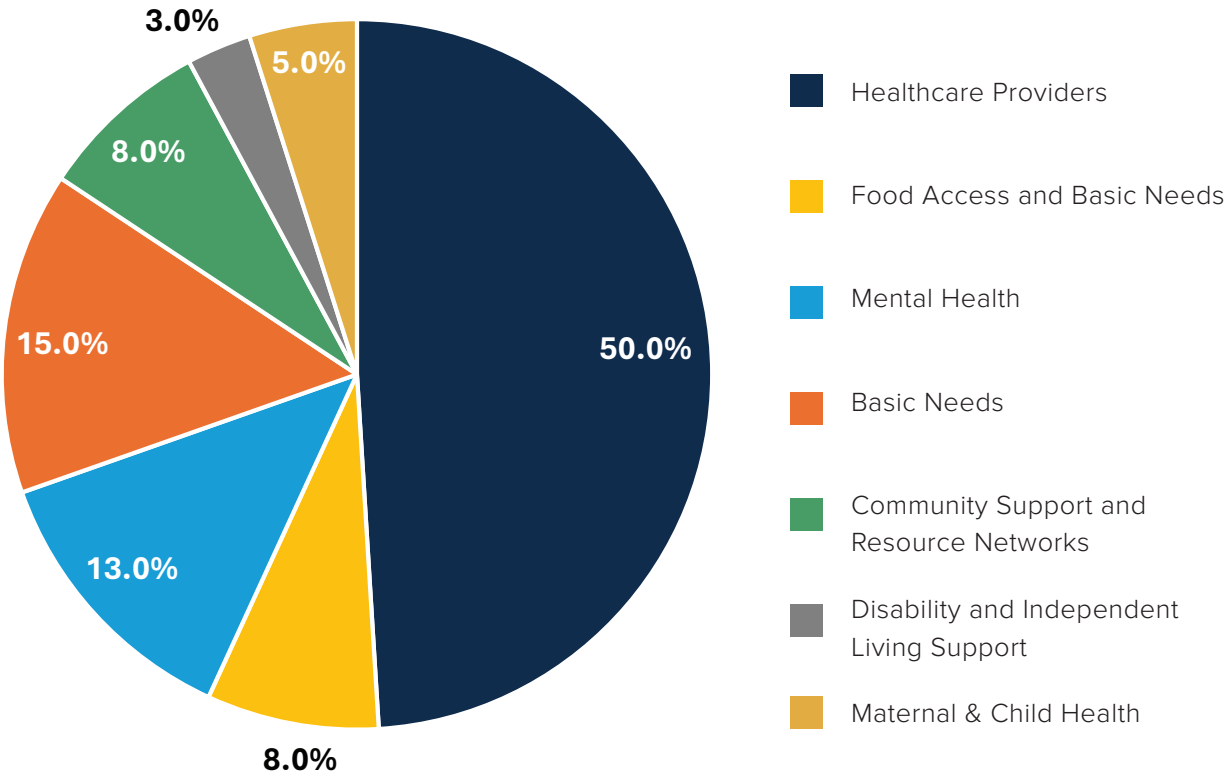
Osceola County

1. Florida Department of Health in Osceola County
2. Hope Partnership
3. Osceola Community Health Services
4. Healthy Start Coalition Osceola County

Seminole County

1. National Alliance on Mental Illness (NAMI)
2. IMPOWER
3. Florida Department of Health in Seminole County
4. True Health
5. The Sharing Center
6. AdventHealth Altamonte Springs
7. Salvation Army Women & Children Shelter
8. Orlando Health South Seminole Hospital
9. AdventHealth Hope and Healing Center

Facility Type



Observations

Ability of Facilities to Accept New Patients

Healthcare and social service facilities had varying abilities to accept new patients across the four counties audited. Federally Qualified Health Centers (FQHCs) and other healthcare providers generally had the availability for new patients, but wait times varied by specialty. Dental services often had the longest delays, often extending beyond five weeks. Behavioral health providers and local counseling centers frequently require an initial phone screening prior to scheduling an appointment with a provider. Insurance verification was usual among both healthcare providers and behavioral health providers to ensure coverage of services. Other community organizations, such as food access services and homeless services, offered various services at different times and locations across the counties, typically offered only to those who are residents of the service area.

Ability of Facilities to Answer Questions and Provide Referrals

Responsiveness to inquiries varied among facilities. Some organizations provided direct connections to representatives who could answer questions and schedule appointments. Others, particularly county health departments, relied on automated phone trees that sometimes resulted in lengthy wait times or call disconnections. Social service agencies often direct callers to online resources or required voicemail messages for follow-ups. In some cases, facilities were unable to provide detailed referral information, requiring callers to independently search for alternative providers.

How Staff Inquiries Help Determine Prospective Patient Needs

Most facilities prioritized verifying insurance information early in the call, particularly those accepting Medicaid. Many providers require details about the type of Medicaid plan before proceeding with scheduling. Some facilities conducted additional screening questions to determine eligibility for services, while others provided general service information without an initial screening. In social service calls, staff were more likely to direct callers to external resources rather than conduct detailed intake assessments.

Ease of Speaking with a Person

The ease of reaching a live representative depends on the facility and service type. FQHCs and behavioral health providers typically had structured phone systems that connected callers to staff, though wait times varied. County health departments frequently used automated phone systems that, at peak hours, recommend calling back another time or day. Social service organizations, including food banks and housing support services, often relied on voicemail-based systems, requiring callers to leave messages and wait for a return call. In some instances, calls went unanswered, even during posted business hours.

Appendix G: Needs Prioritization Process

The 2025 Central Florida Collaborative Community Health Needs Assessment utilized a modified Hanlon Method, which is an evidence-based technique which objectively takes into consideration explicitly defined criteria and feasibility factors. The process was conducted in two phases. The first phase was a pre-session survey where CFC partners and others invited to participate in the process ranked each community for magnitude of need, severity of need and feasibility of addressing the need in their community. Based on the three criteria rankings, a priority score was calculated.

The second phase of the process was an in-person (Regional Needs Prioritization) or virtual (County Needs Prioritization) meeting. During the meeting, participants broke into small roundtable discussions to conduct the PEARL-E test for each of the community needs. The PEARL-E Test helps screen out community needs based on the following feasibility factors:

- **P**ropriety - Is addressing this community need suitable given community goals and values?
- **E**conomics - Does it make economic sense to address this community need? Are there potential economic consequences if it is not addressed?
- **A**cceptability - Will the community support efforts to address this community need? Is it wanted and culturally appropriate?
- **R**esources - Are resources (funding, staff, facilities, etc.) available or potentially available to address this community need?
- **L**egality - Are there legal or policy barriers to implementing solutions for this community need?
- **E**quity - Does addressing this community need promote equity by reducing health disparities and improving outcomes for underserved or marginalized populations?

At the end of each meeting, the participants voted for their top 15 needs. The needs that received the most votes were the top 15 community needs for each county. Please note, a couple of counties have more than 15 community needs due to ties on the final voting.

Appendix H: IRS Form 990, Schedule H Compliance Listing

IRS Requirement	See Report Page
A definition of the community served by the hospital facility and a description of how the community was determined.	Page 46
A description of the process and methods used to conduct the CHNA, including identification of information gaps that limit the hospital facility's ability to assess the community's health needs.	Pages 40-43
A prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs.	Pages 178-179, Page 338, (Appendix G)
A description of the resources potentially available to address the significant health needs identified through the CHNA.	Pages 413-421
An evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA to address the significant health needs identified in the hospital facility's prior CHNA(s).	Pages 402-423
Board approval or equivalent	Approved on or before September 30, 2025

Appendix I: Service Use Maps and Other Maps

Additional Data Maps

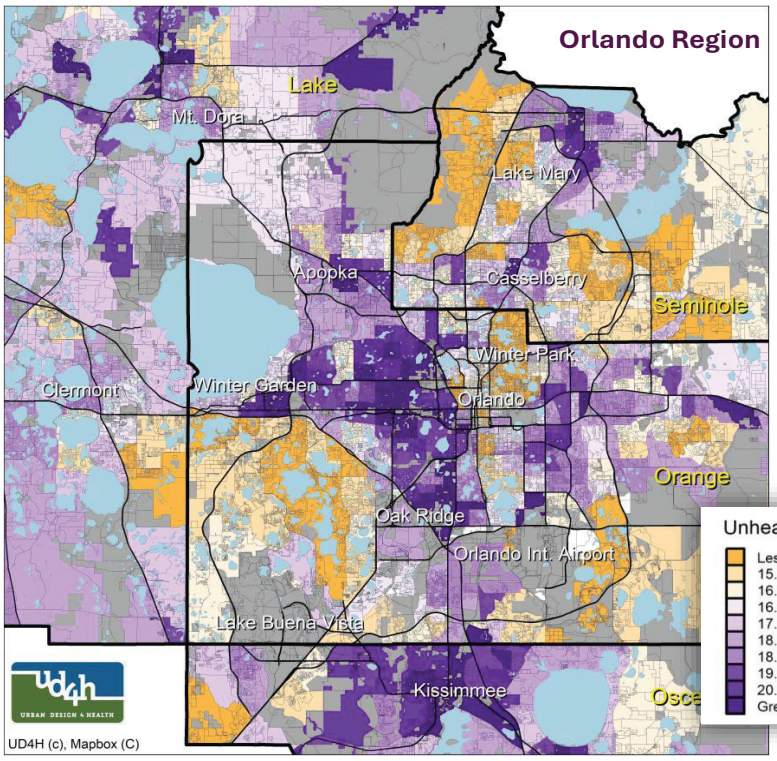
As part of the 2025 Community Health Needs Assessment, the Central Florida Collaborative worked with Urban Design 4 Health (UD4H) to complete a series of maps for the region. UD4H are pioneers in developing evidence- and place-based solutions to address the health, environmental, and related economic impacts of transportation investments and land use actions.

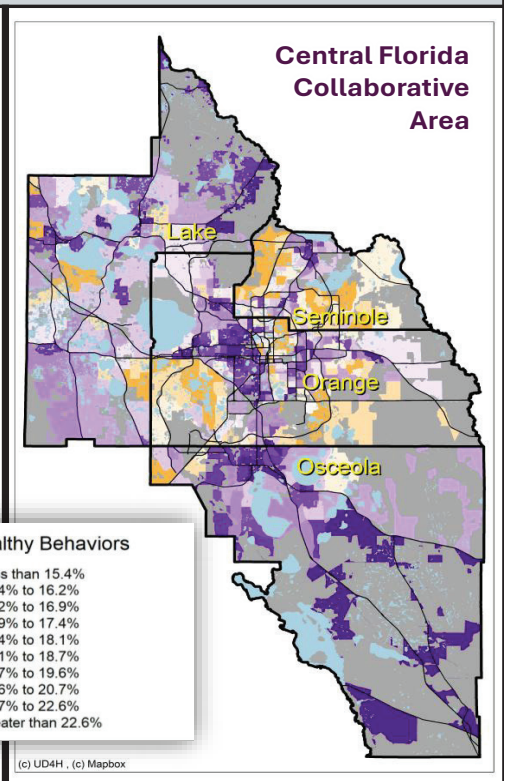
The following pages contain a series of maps with health-related measures. These are static maps with census tract-level data. For interactive versions of these maps that allow you to zoom in and click on census tracts, please go to: https://cfc-chna.onrender.com/.

Central Florida Collaborative
Community Health Needs Assessment

Unhealthy Behaviors

The maps below show the average prevalence of unhealthy behaviors (smoking, binge drinking, and physical inactivity) for residential areas in the CFC region (gray areas are non-residential). The data for these maps originate from the 2024 CDC PLACES dataset (which are ***estimated*** from the 2022 Behavioral Risk Factor Surveillance System (BRFSS) survey data).





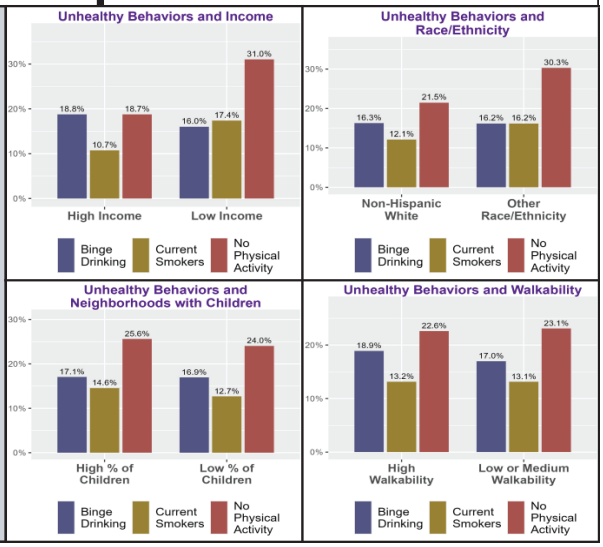
Metric: Average prevalence of smoking, binge drinking, and physical inactivity of adults at the US Census Tract level.

Current Smokers: Percent adults reporting smoking some days currently. Smoking and secondhand smoke exposure cause 480,000+ deaths each year in the US.

Binge Drinking: Percent of adults reporting drinking 5+ drinks (4+ drinks for women) on 1 occasion. Drinking excessively can lead to injuries, violence, poisoning, and overdose.

Physical Inactivity: Percent of adults reporting no leisure time physical activity. Regular physical activity elicits multiple health benefits in the prevention and management of chronic diseases

Darker purple colors in the map are estimated to have higher prevalence rates of unhealthy behaviors compared to the rest of the region. Orange areas have lower values.

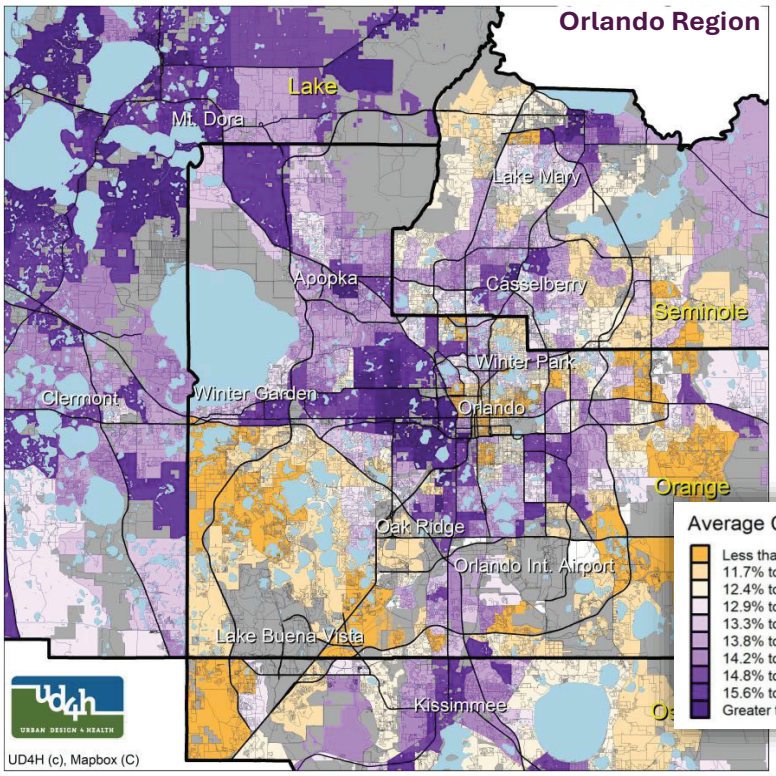


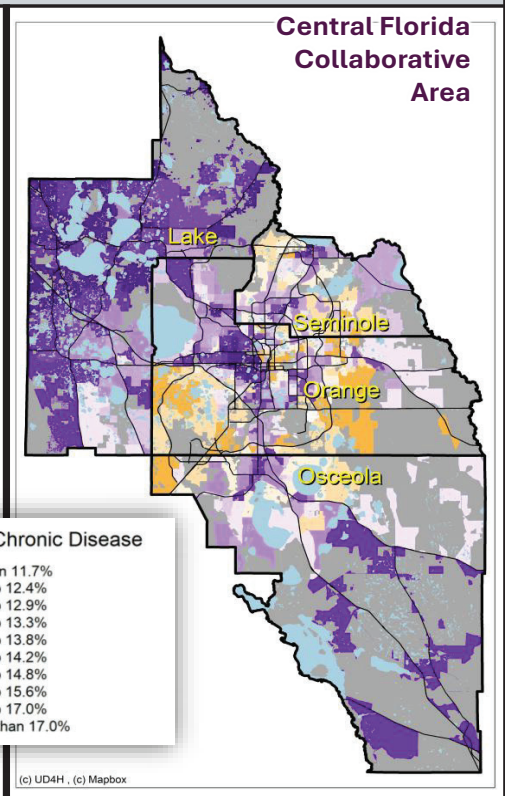
Urban Design 4 Health

Central Florida Collaborative
Community Health Needs Assessment

Average Chronic Disease

The maps below show the average prevalence of 5 chronic diseases or conditions (Cancer, Heart Disease, Diabetes, Obesity, and Asthma) for residential areas in the CFC region (gray areas are non-residential). The data for these maps originate from the 2024 CDC PLACES dataset (which are ***estimated*** from the 2022 Behavioral Risk Factor Surveillance System (BRFSS) survey data





Metric: Average prevalence of major chronic diseases (Cancer, Heart Disease, Diabetes, Obesity, and Asthma) in adults at the US Census Tract level.

Cancer: Percent adults reporting that they were diagnosed in the past with cancer (non-skin) or melanoma

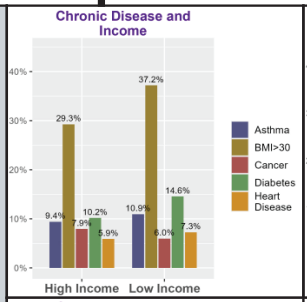
Heart Disease: Percent adults reporting that they were diagnosed in the past with coronary heart disease.

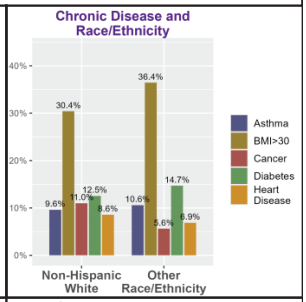
Diabetes: Percent adults reporting that they were diagnosed in the past with diabetes (any type).

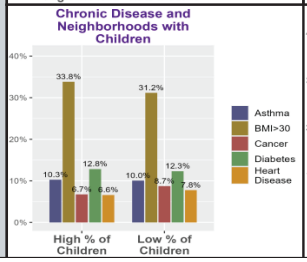
Obesity: Percent adults reporting that they were diagnosed in the past with obesity.

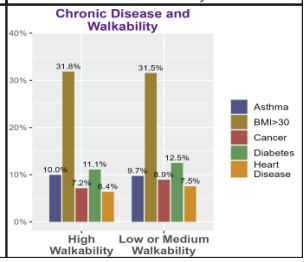
Asthma: Percent adults reporting that they currently have asthma.

Darker purple colors in the map are estimated to have higher prevalence rates of one or more chronic disease compared to the rest of the region. Orange areas have lower values.





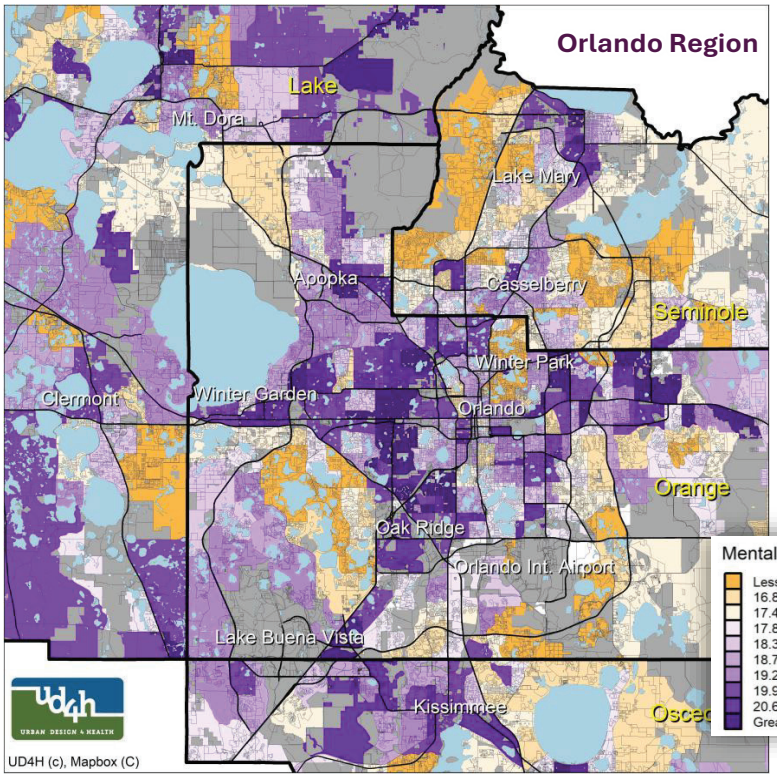


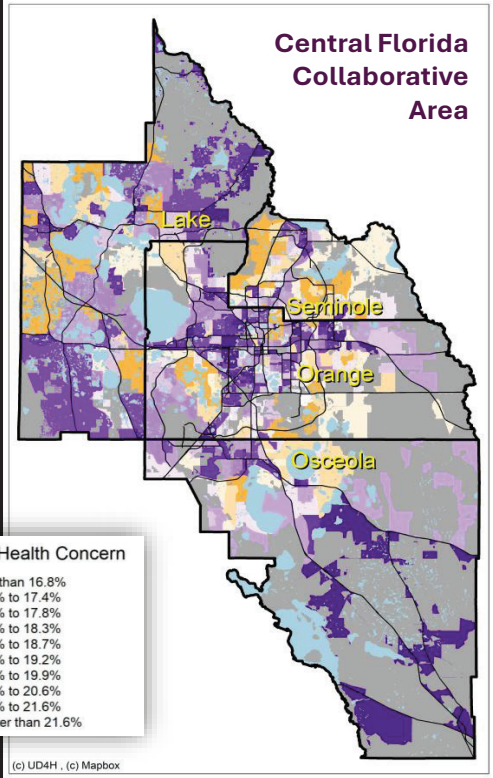


Central Florida Collaborative
Community Health Needs Assessment

Mental Health Concern

The maps below show the average prevalence of 2 conditions (Depression and frequent Mental Distress) for residential areas in the CFC region (gray areas are non-residential). The data for these maps originate from 2024 CDC PLACES data, which are estimated from the 2022 Behavioral Risk Factor Surveillance System (BRFSS) survey data.





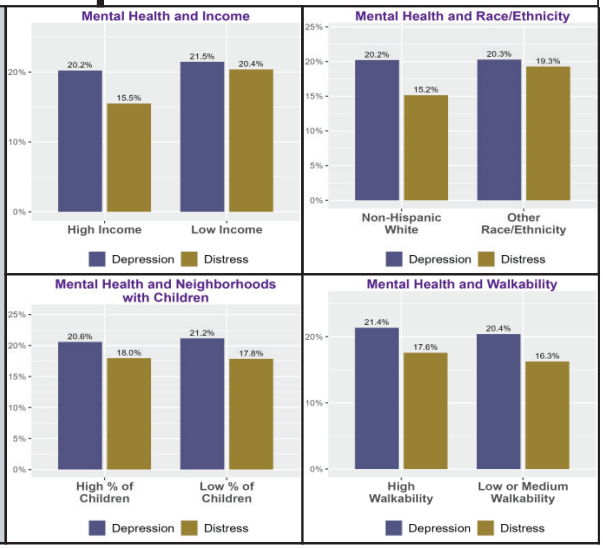
Metric: Average prevalence of two mental health concerns (Depression, and frequent Mental Distress) in adults at the US Census Tract level.

Depression: Percent of adults reporting that they experienced depression in the past 30 days.

Frequent Mental Distress: Percent of adults reporting having 14 or more days of poor mental health in the past 30 days. Poor mental health includes stress, depression, and problems with emotions.

"People who have depression are at higher risk of developing certain chronic diseases, including heart disease, diabetes, stroke, pain, osteoporosis, and Alzheimer's disease." - NIH

Darker purple colors in the map are estimated to have higher prevalence rates mental health concerns compared to the rest of the region. Orange areas have lower values.

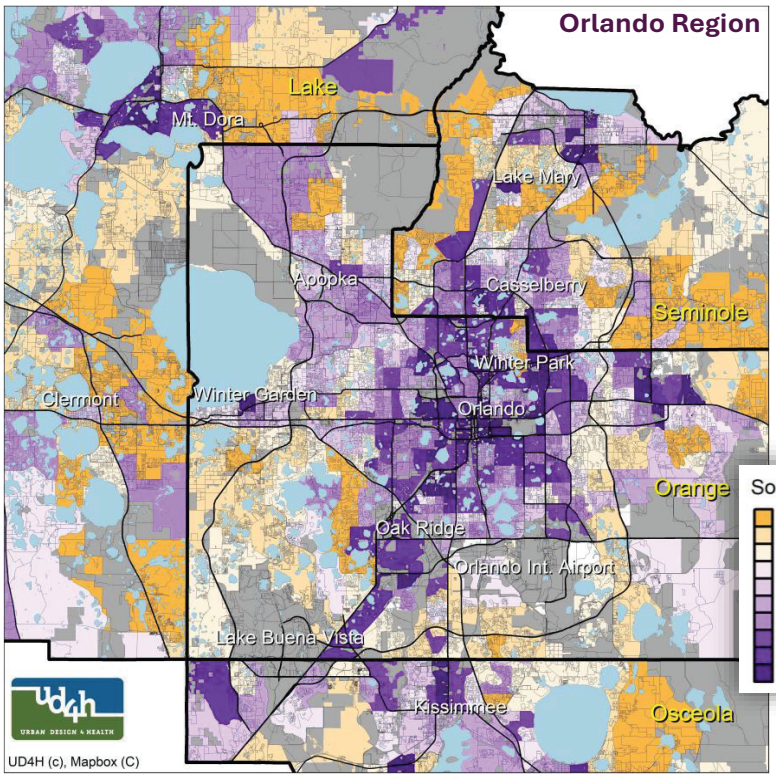


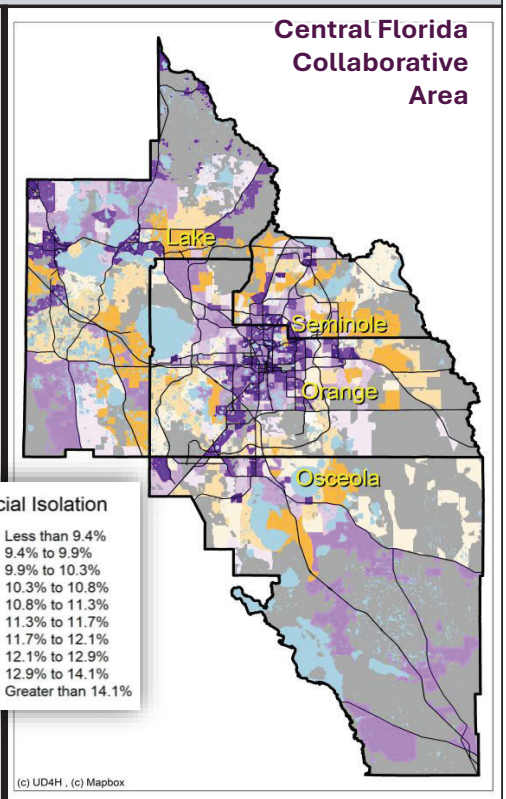
Urban Design 4 Health

Central Florida Collaborative
Community Health Needs Assessment

Social Isolation

The maps below show the average prevalence of 3 conditions (reported social isolation, adults living alone, seniors living alone) for residential areas in the CFC region (gray areas are non-residential). These maps and charts were developed from 2024 CDC PLACES data (social isolation) and the 2023 American Community Survey (adults living alone and seniors living alone)





Metric: Average prevalence of reported social isolation (US Census Tract level) and the percentage of adults living alone and seniors living alone (US Census Block Group level).

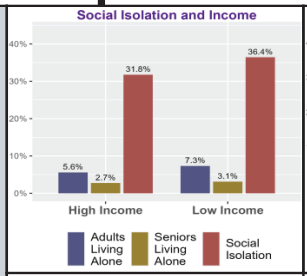
Reported Social Isolation (2024 CDC): Percent of adults reporting that they experienced social isolation

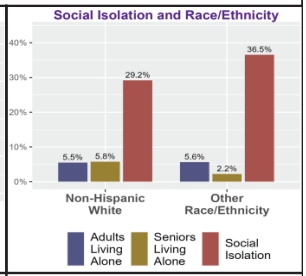
Adults Living Alone (2023 ACS): Percent of adults living alone

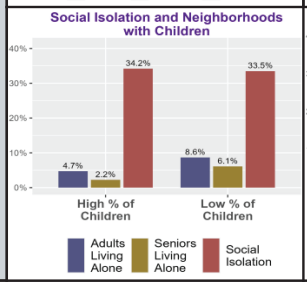
Seniors Living Alone (2023 ACS): Percent seniors living alone.

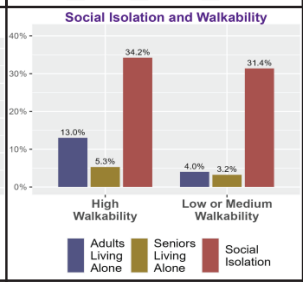
"Social isolation and loneliness can increase a person's risk for: heart disease and stroke, type 2 diabetes, depression and anxiety, suicidality and self-harm, dementia, and earlier death." - CDC

Darker purple colors in the map are estimated to have higher prevalence rates of social isolation compared to the rest of the region. Orange areas have lower values.





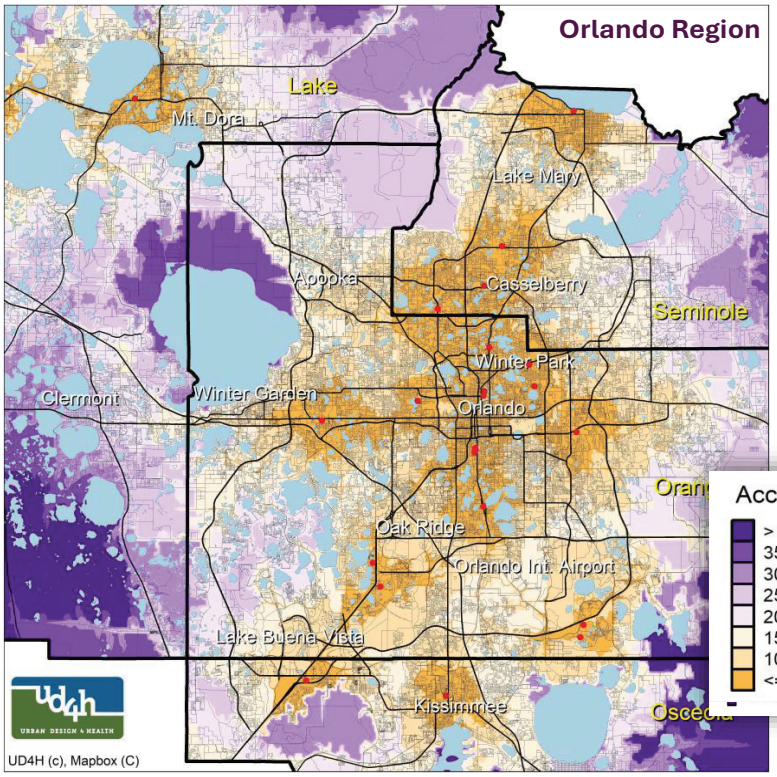


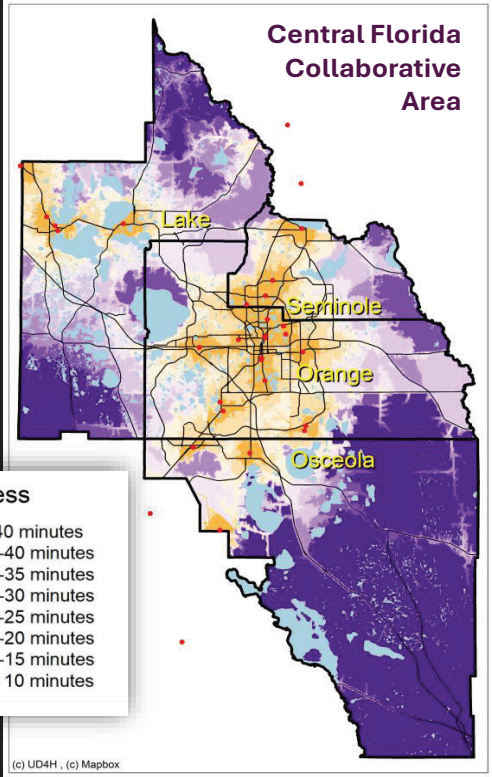


Central Florida Collaborative
Community Health Needs Assessment

Hospital Access – Acute Care

The maps below show estimated personal vehicle drive-time to the closest "acute care" hospital in the absence of traffic congestion. Acute care hospitals are healthcare facility designated by the Federal Emergency Management Agency as a critical infrastructure point that provides immediate, short-term medical treatment for patients with severe or urgent health issues. Drive time estimates do not reflect faster travel time for emergency vehicles.

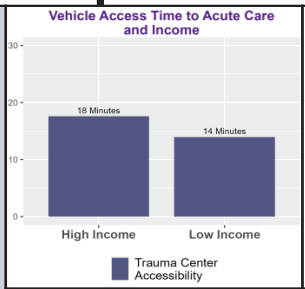


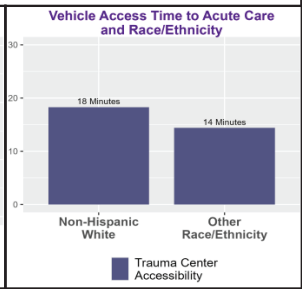


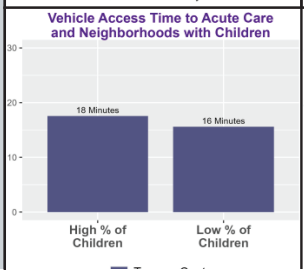
These maps show approximate personal vehicle travel time to the closest "acute care" hospital in the region. 42 acute care hospitals were identified and used this assessment. The population-weighted average travel time for the four county Central Florida Collaborative area is 17 minutes. The weighted average by county is:

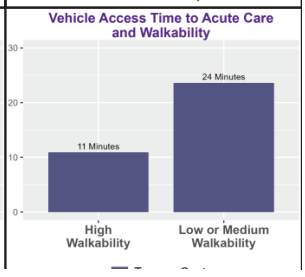
Lake County: 23 minutes
Orange County: 15 minutes
Osceola County: 20 minutes
Seminole County: 16 minutes

Darker orange colors in the map are estimated to have faster access to acute care by vehicle compared to the rest of the region. Purple areas take longer to reach acute care facilities.







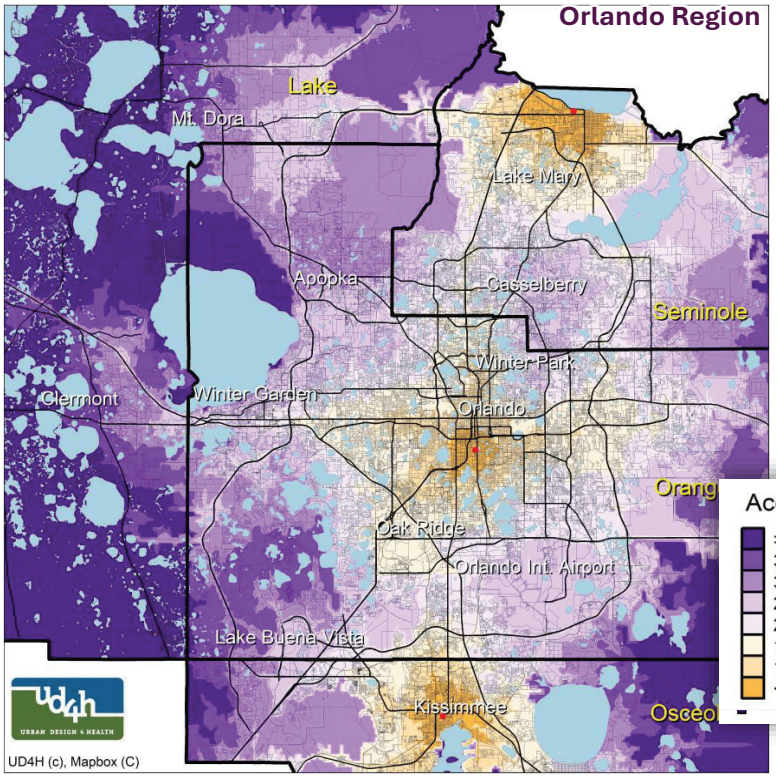


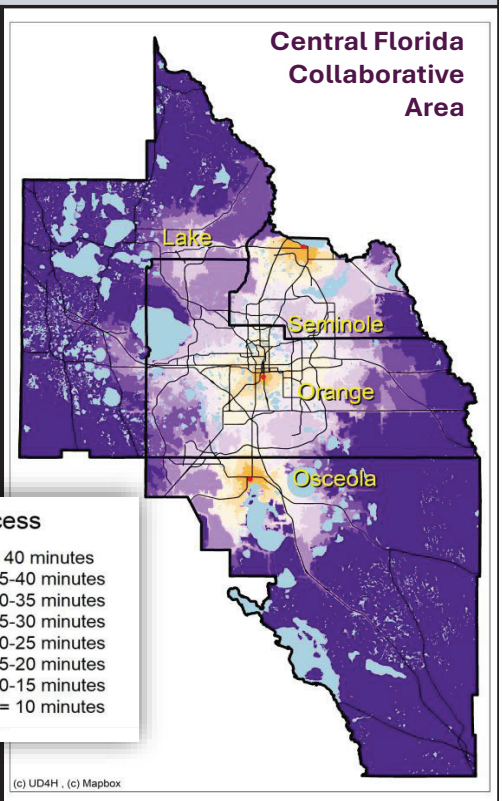
Urban Design 4 Health

Central Florida Collaborative
Community Health Needs Assessment

Access to Level I or II Trauma Centers

The maps below show estimated personal vehicle drive-time contours to the closest "trauma center" hospital in the absence of traffic congestion. Trauma centers are healthcare facility designated by the Florida Department of Health. Drive time estimates do not reflect faster travel time for emergency vehicles.





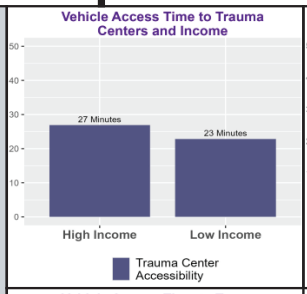
These maps show approximate personal vehicle travel time to the closest "trauma center" hospital in the region. Three trauma centers were identified in the CFC region:

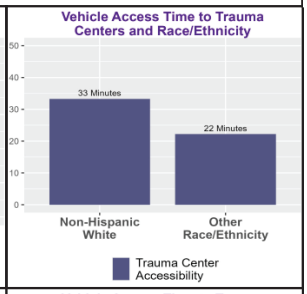
Orlando Health (Trauma I)
HCA Florida Osceola (Trauma II)
HCA Florida Lake (Trauma II)

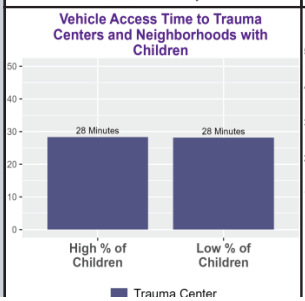
The population-weighted average travel time for the four county Central Florida Collaborative area is 27 minutes. The weighted average by county is:

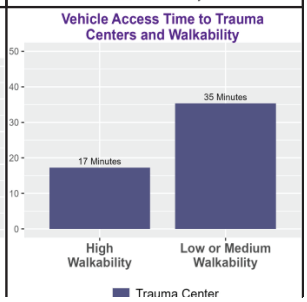
Lake County: 44 minutes
Orange County: 25 minutes
Osceola County: 24 minutes
Seminole County: 24 minutes

Darker orange colors in the map are estimated to have faster access to trauma centers by vehicle compared to the rest of the region. Purple areas take longer to reach trauma center facilitie





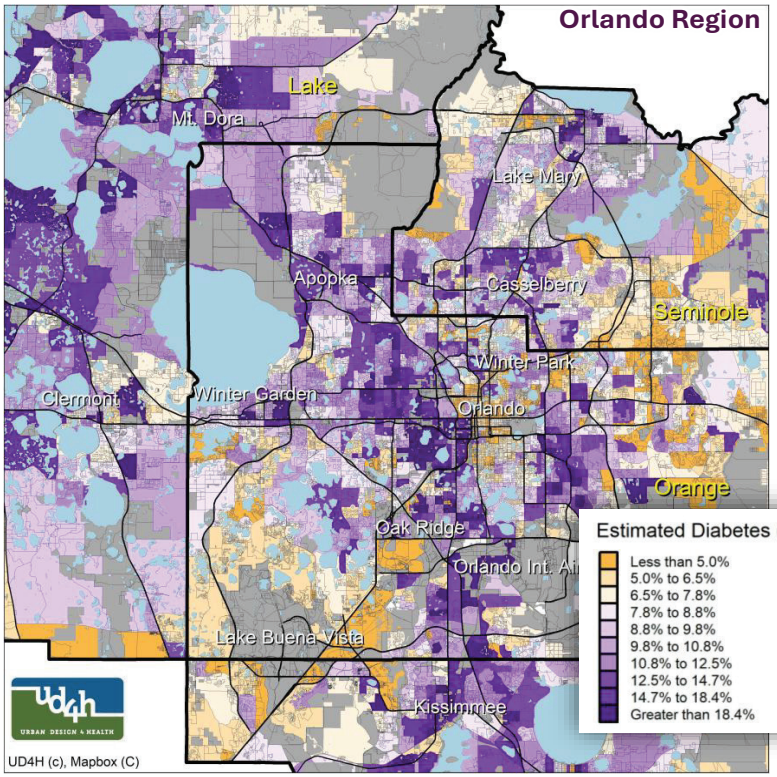


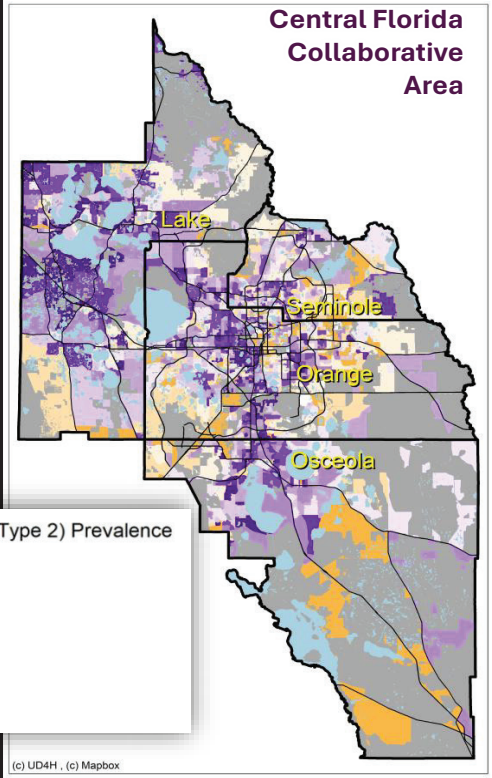


Central Florida Collaborative
Community Health Needs Assessment

Diabetes (Type 2)

The maps below show the **estimated** prevalence of Type 2 Diabetes. The estimates originate from Urban Design 4 Health's 2023 National Public Health Assessment Model (N-PHAM). N-PHAM uses neighborhood-level built environment and demographic data to forecast community health prevalence rates of several chronic diseases.



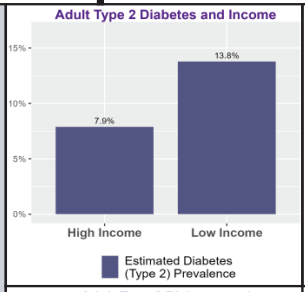


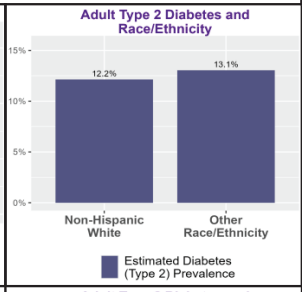
N-PHAM uses evidence-based statistical models from large sample health and activity surveys to estimate chronic disease prevalence and physical activity at small scale geographies. Type 2 Diabetes is considered preventable and untreated can lead to other chronic diseases. The CDC estimates that 11.6% of US adults have diabetes, 90-95% of those have type 2 diabetes.

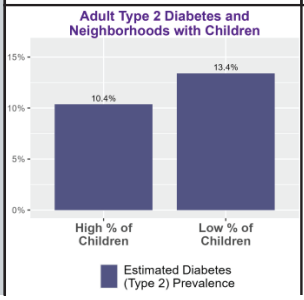
In the CFC region, N-PHAM estimates that ~10.6% have Type 2 Diabetes. The weighted average by county is:

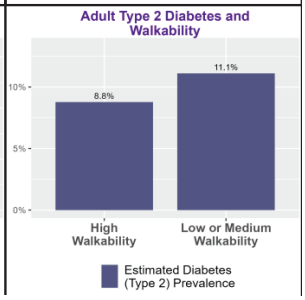
Lake County: 14%
Orange County: 10%
Osceola County: 11%
Seminole County: 9%

Darker purple colors in the map are estimated to have higher prevalence rates of type 2 diabetes compared to the rest of the region. Orange areas have lower values.







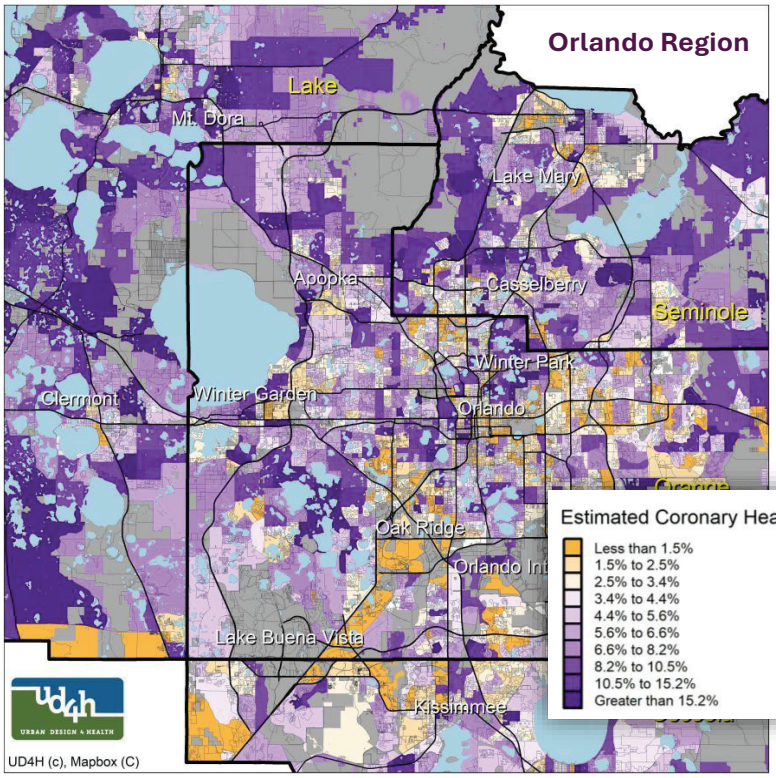


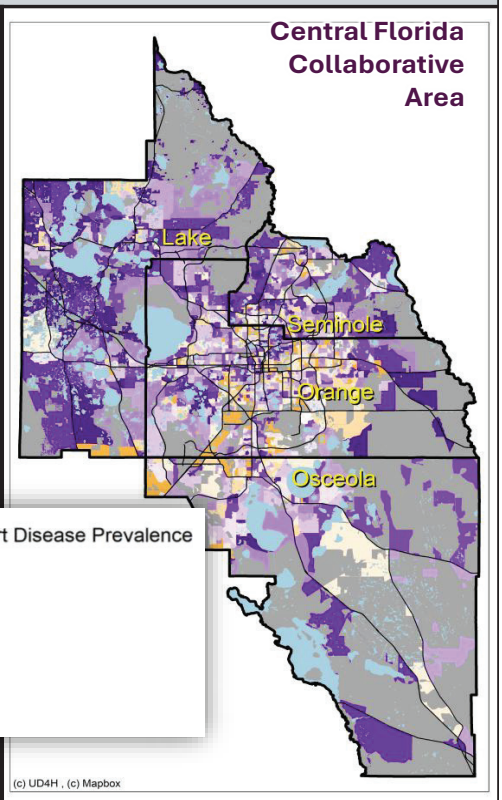
Urban Design 4 Health

Central Florida Collaborative
Community Health Needs Assessment

Coronary Heart Disease

The maps below show the **estimated** prevalence of Coronary Heart Disease. The estimates originate from Urban Design 4 Health's 2023 National Public Health Assessment Model (N-PHAM). N-PHAM uses neighborhood-level built environment and demographic data to forecast community health prevalence rates of several chronic diseases.



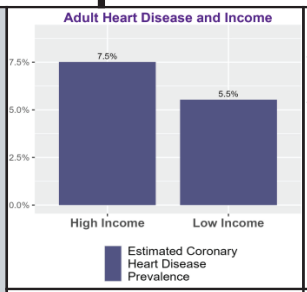


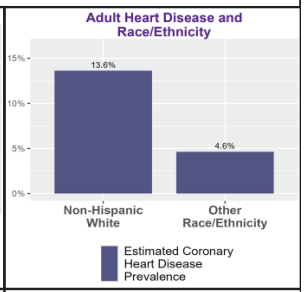
N-PHAM uses evidence-based statistical models from large sample health and activity surveys to estimate chronic disease prevalence and physical activity at small scale geographies. Coronary Heart Disease is caused by the build-up of plaque in the arteries and increases with age, inactivity, and a poor diet. The CDC estimates that 5% of US adults have diagnosed heart disease.

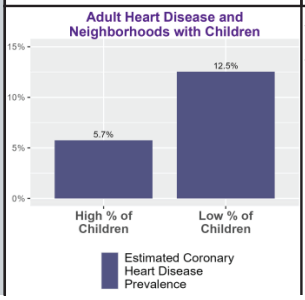
In the CFC region, N-PHAM estimates that ~6.8% have coronary heart disease. The weighted average by county is:

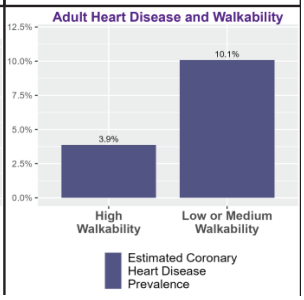
Lake County: 14%
Orange County: 5%
Osceola County: 5%
Seminole County: 7%

Darker purple colors in the map are estimated to have higher prevalence rates of coronary heart disease compared to the rest of the region. Orange areas have lower values.





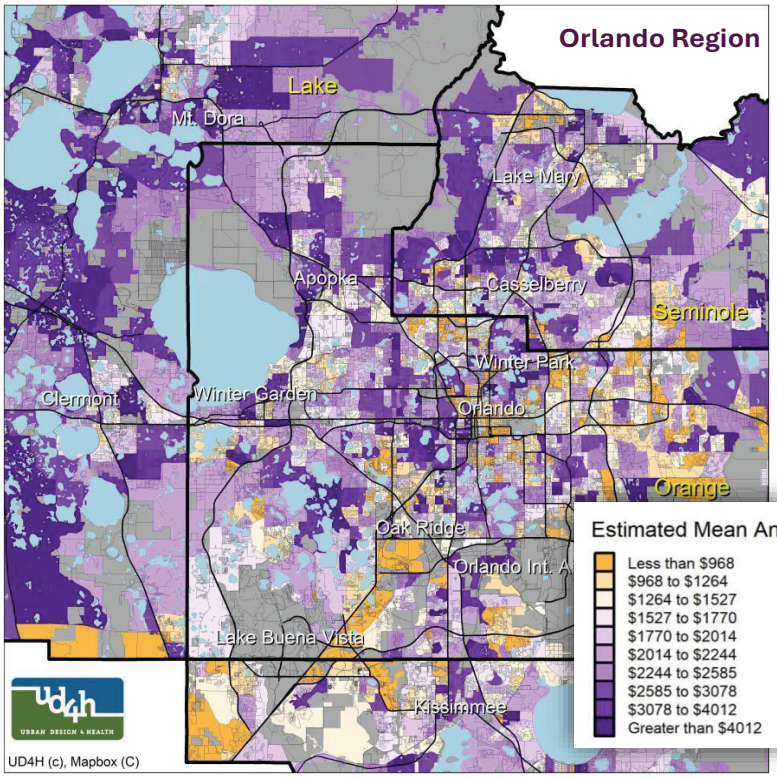


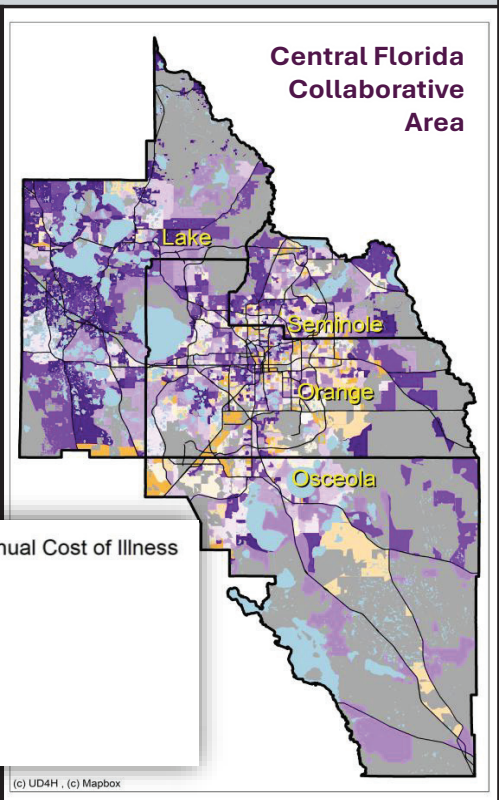


Central Florida Collaborative
Community Health Needs Assessment

Cost of Illness

The maps below show the **estimated** cost of illness (annualized per capita). The estimates originate from Urban Design 4 Health's 2023 National Public Health Assessment Model (N-PHAM). The estimates represent the direct and some indirect costs to treat Type 2 Diabetes, Coronary Heart Disease, and Hypertension.



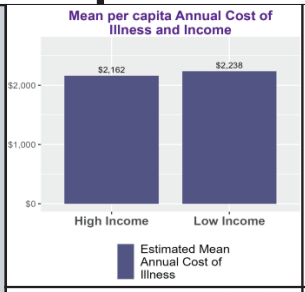


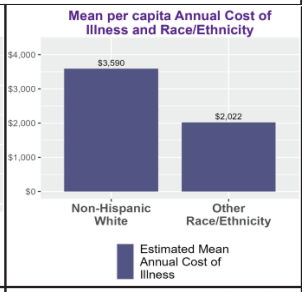
N-PHAM uses evidence-based statistical models from large sample health and activity surveys to estimate chronic disease prevalence and physical activity at small scale geographies. An estimated annual per capita cost of illness is generated from the prevalence rates of type 2 diabetes ($7k), high blood pressure ($1.2k), and coronary heart disease ($17k). These values originate from the Medical Expenditure Panel Survey (MEPS) data and include some, but not all, indirect costs.

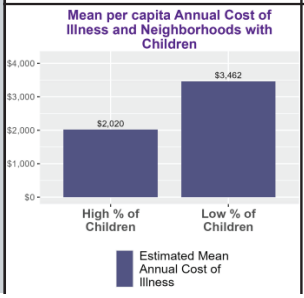
In the CFC region, N-PHAM estimates that the average per-capita cost of chronic disease is ~$2,250 ($4.7 billion per year for the region). The weighted average by county is:

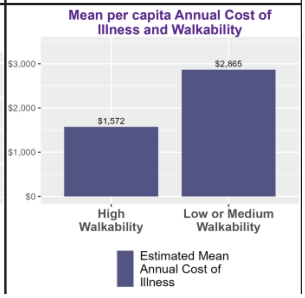
Lake County: $3,750
Orange County: $1,950
Osceola County: $1,950
Seminole County: $2,000

Darker purple colors in the map are estimated to have higher per capita average health care costs compared to the rest of the region. Orange areas have lower values.







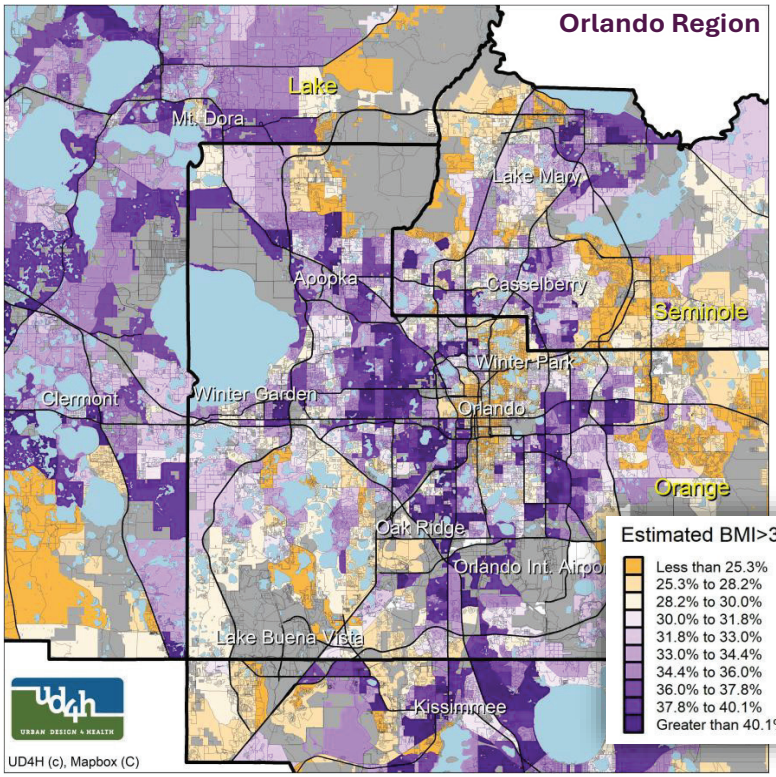


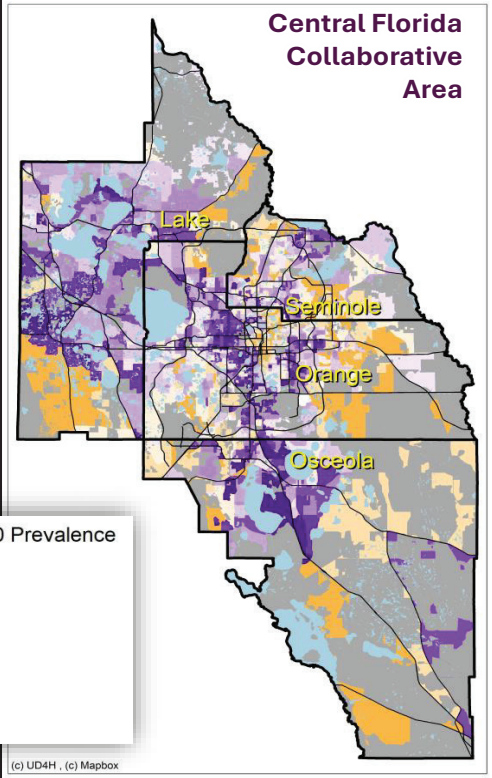
Urban Design 4 Health

Central Florida Collaborative
Community Health Needs Assessment

Body Mass Index Greater than 30

The maps below show the **estimated** prevalence of Body Mass Index (BMI) greater than 30. The estimates originate from Urban Design 4 Health's 2023 National Public Health Assessment Model (N-PHAM). N-PHAM uses neighborhood-level built environment and demographic data to forecast community health prevalence rates of several chronic diseases.



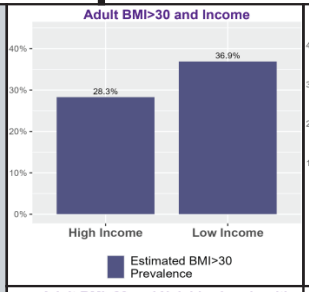


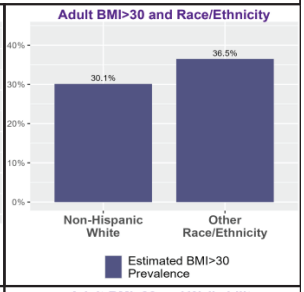
N-PHAM uses evidence-based statistical models from large sample health and activity surveys to estimate chronic disease prevalence and physical activity at small scale geographies. Body Mass Index (BMI) is frequently used to estimate obesity (value of 30 or higher), a risk factor for many chronic health conditions. The CDC estimates that ~40% of US adults are obese.

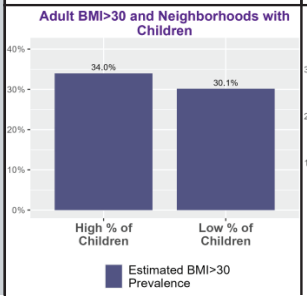
In the CFC region, N-PHAM estimates that ~32% have a BMI greater than 30. The weighted average by county is:

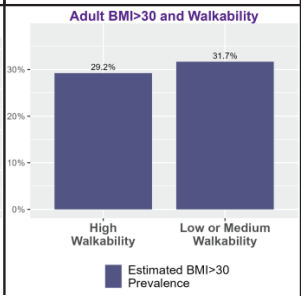
Lake County: 34%
Orange County: 32%
Osceola County: 34%
Seminole County: 31%

Darker purple colors in the map are estimated to have higher prevalence rates of BMI>30 compared to the rest of the region. Orange areas have lower values.





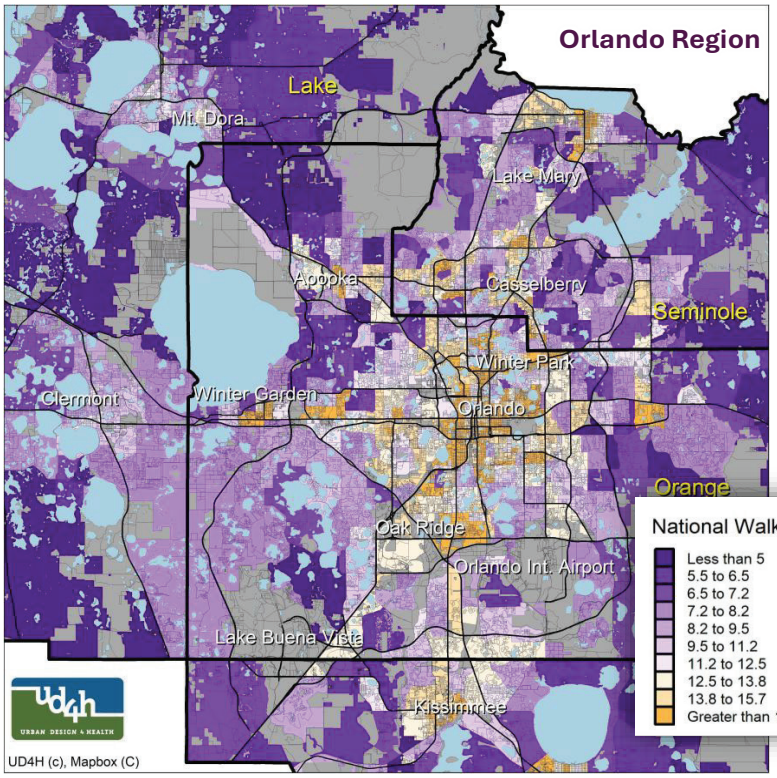


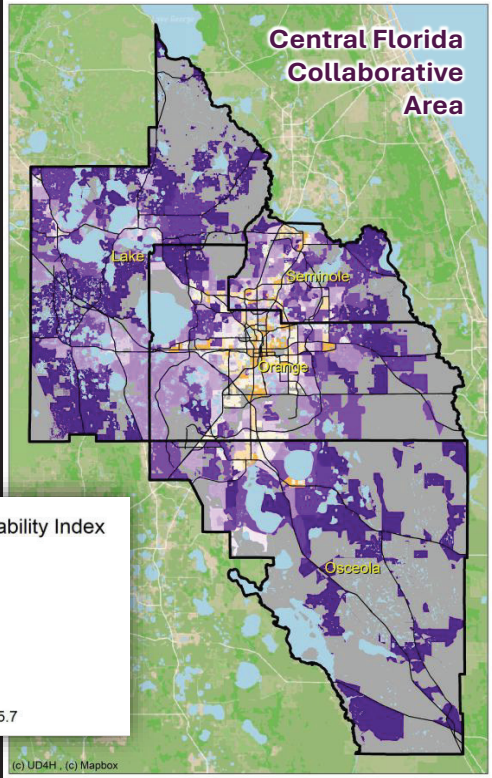


Central Florida Collaborative
Community Health Needs Assessment

National Walkability Index

The maps below show the **estimated** "walkability" of neighborhoods in the region. This US data was developed by Urban Design 4 Health for the Robert Wood Johnson Foundation in 2022. Index values can range from 1 to 20 with higher values indicating greater walkability.



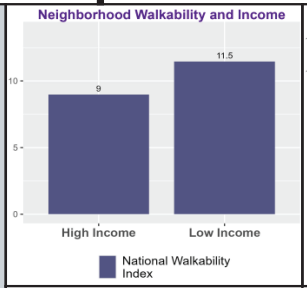


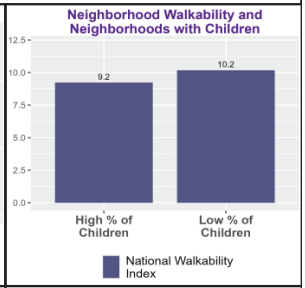
The walkability index is generated from residential neighborhood metrics that include the walkable transportation network, accessible land use mix, density, and access to active transportation alternatives. Neighborhood walkability is associated with physical activity which can impact chronic disease risk.

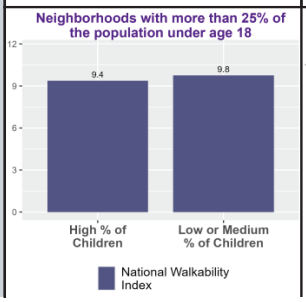
In the CFC region, the population-weighted average walkability index value is 9.6 out of 20. The value by county is:

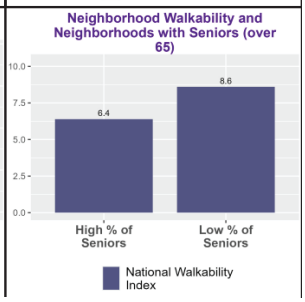
Lake County: 7.1
Orange County: 10.7
Osceola County: 9.2
Seminole County: 9.4

Darker purple colors in the map are estimated to have lower walkability. Orange areas are estimated to be more conducive for walking for travel or recreation.







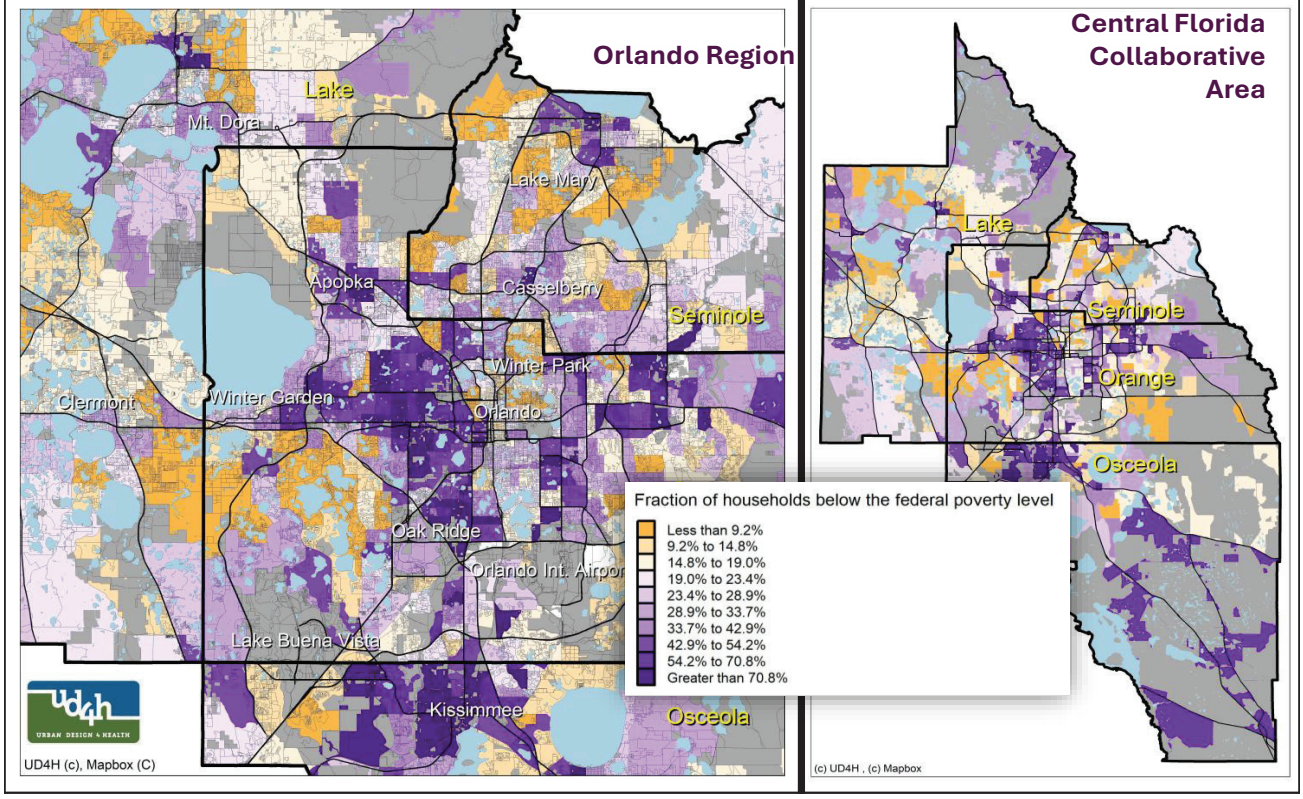


Urban Design 4 Health

Central Florida Collaborative
Community Health Needs Assessment

Percent of households below the federal poverty level

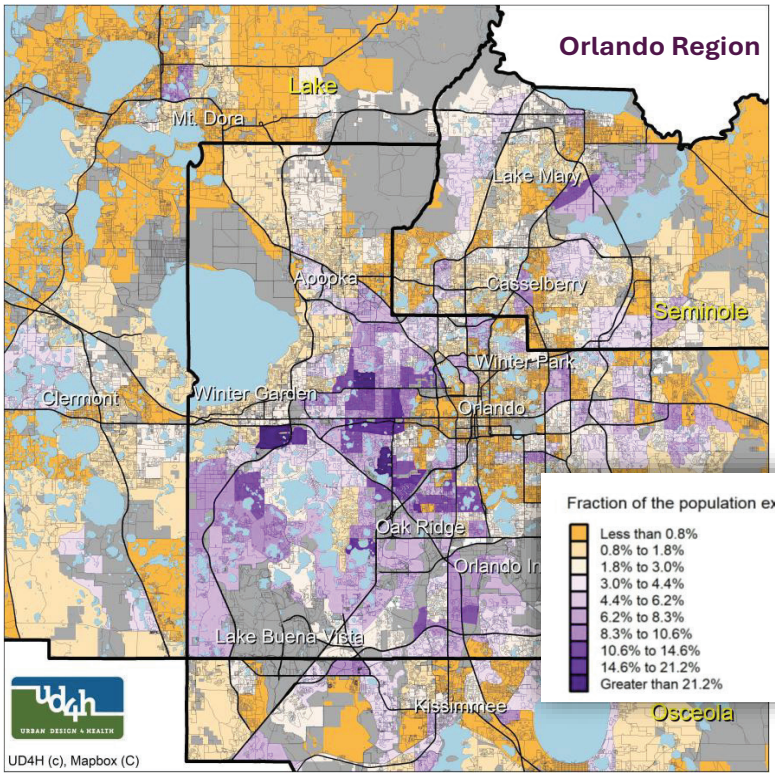
The maps below show 2023 American Community Survey 5-year estimates of the percent of households with household income below 100% of the federal poverty level.

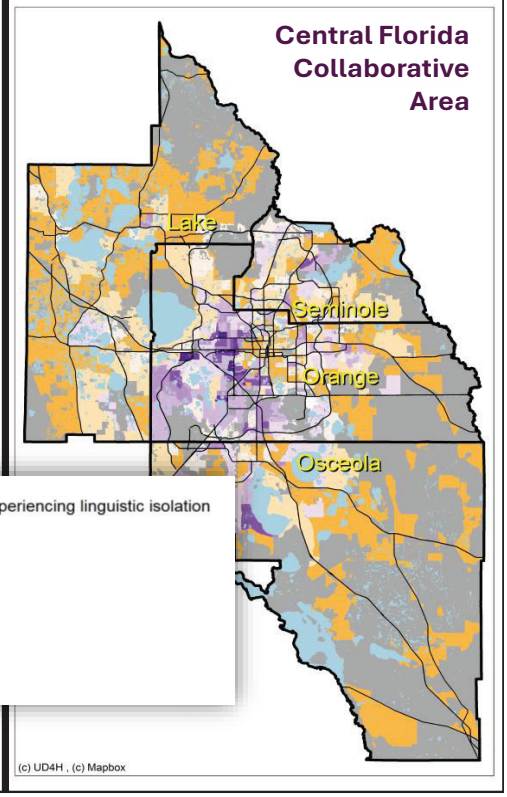


Central Florida Collaborative
Community Health Needs Assessment

Percent of the population experiencing linguistic isolation

The maps below show 2023 American Community Survey 5-year estimates of the percent of the population experiencing linguistic isolation.



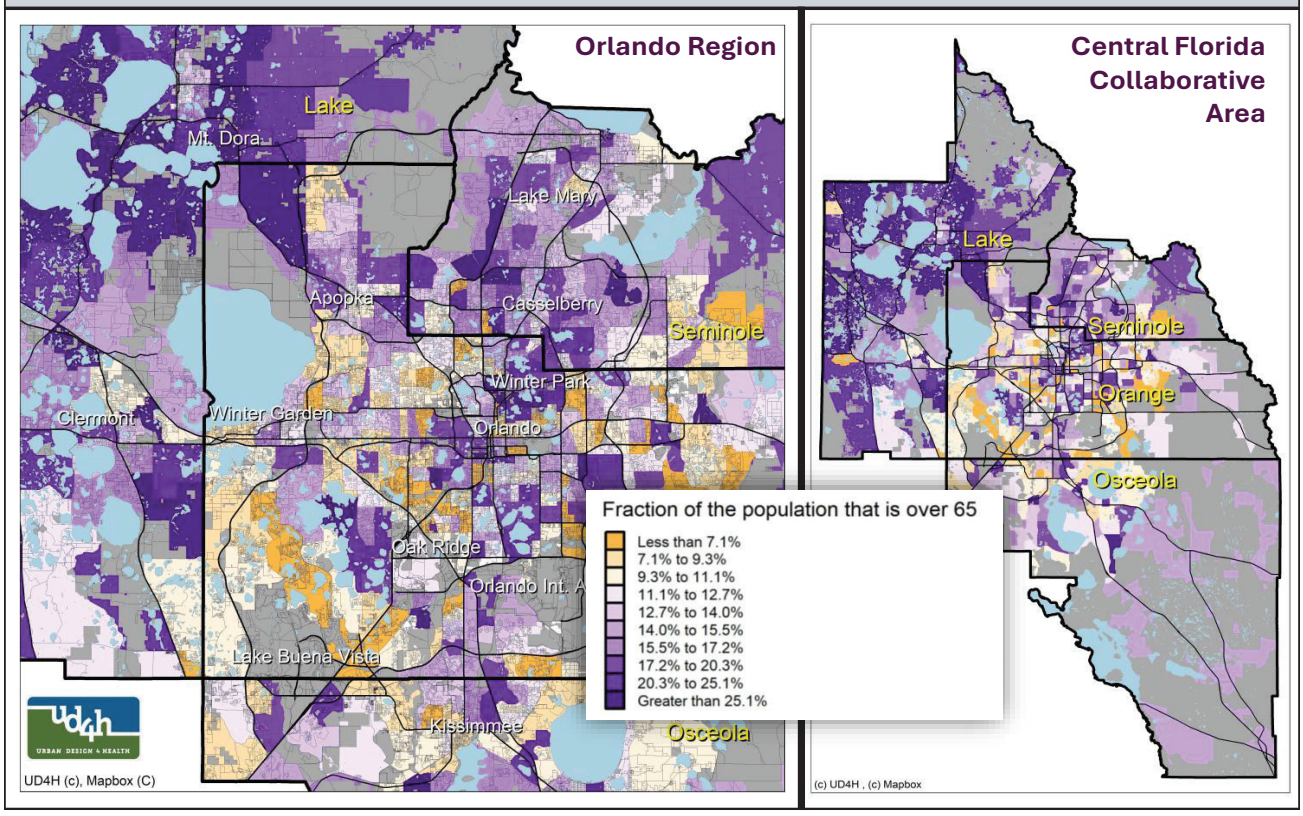


Urban Design 4 Health

Central Florida Collaborative
Community Health Needs Assessment

Percent of the population With age greater than 65

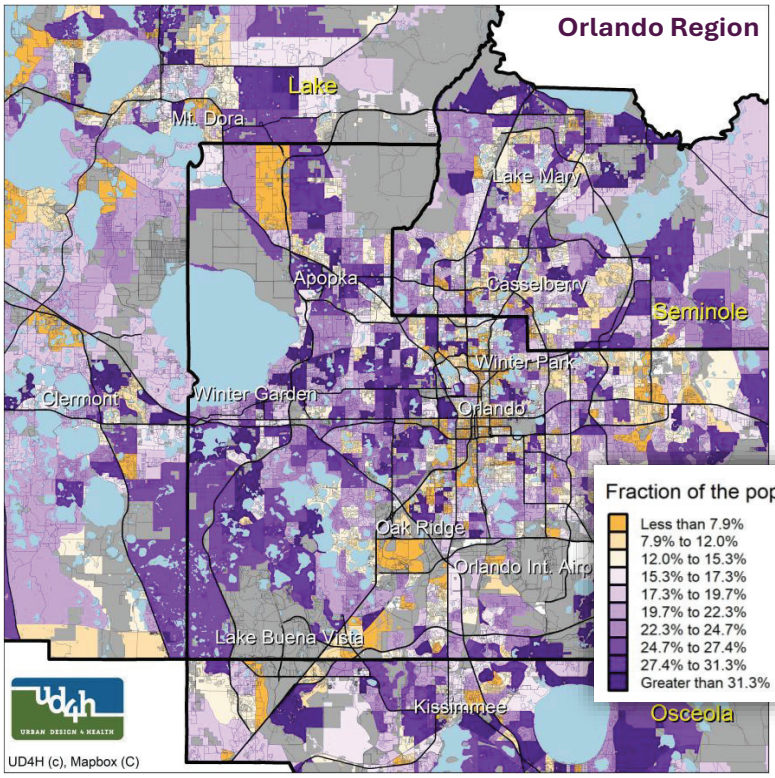
The maps below show 2023 American Community Survey 5-year estimates of the percent of the population that is 65 or older.

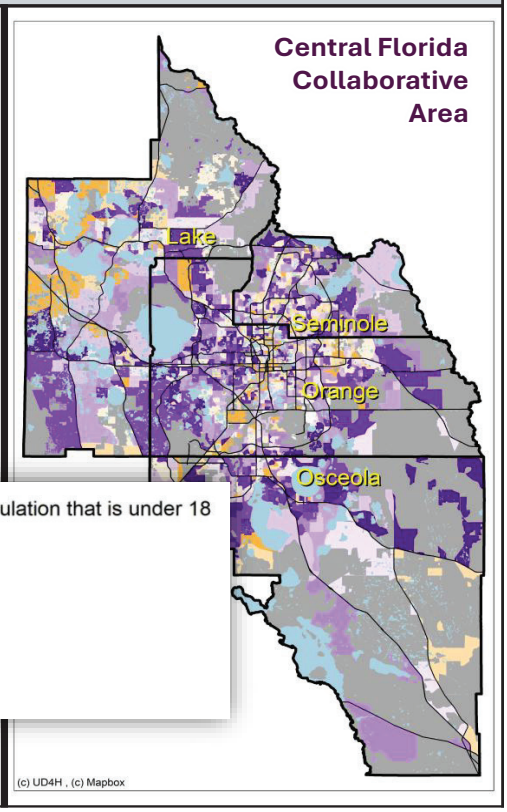


Central Florida Collaborative
Community Health Needs Assessment

Percent of the population under the age of 18

The maps below show 2023 American Community Survey 5-year estimates of the percent of the population that is under age 18.





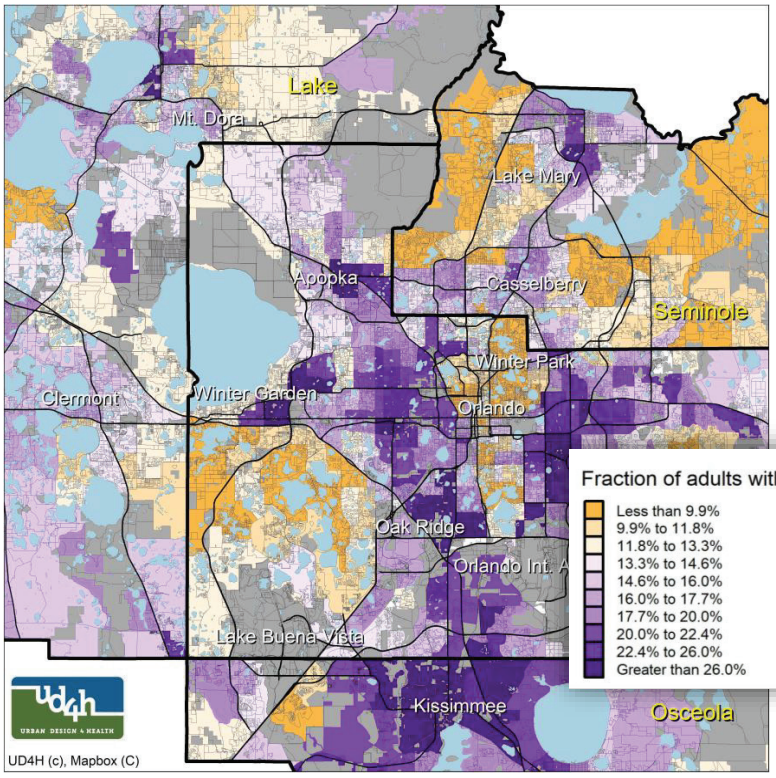
Urban Design 4 Health

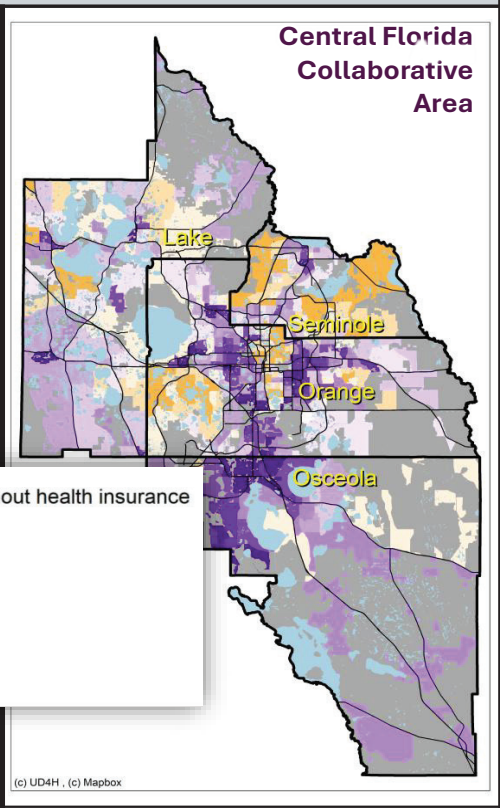
Central Florida Collaborative
Community Health Needs Assessment

Percent of adults without health insurance

The maps below show 2023 American Community Survey 5-year estimates of the percent of adults without health

Orlando Region





Service Use Maps

The following appendix includes heat maps that reflect the concentration of patients for CFC facilities that were able to provide data. Maps also include a table showing the most common diagnoses overall, inpatient, and outpatient, when applicable by facility or CFC partner.

Maps were generated using the following methodology:

- De-identified patient data were converted to longitude and latitude coordinates.
- Longitude and latitude coordinates were used to create initial heat maps using ArcGIS mapping software.
- Resulting maps were edited, resized, and customized to improve readability and usefulness.
- Tables which included lists of the most common diagnoses were added to provide additional information to the maps.
- Data suppression occurs typically when insufficient numbers of cases to protect and assure confidentiality.

True Health

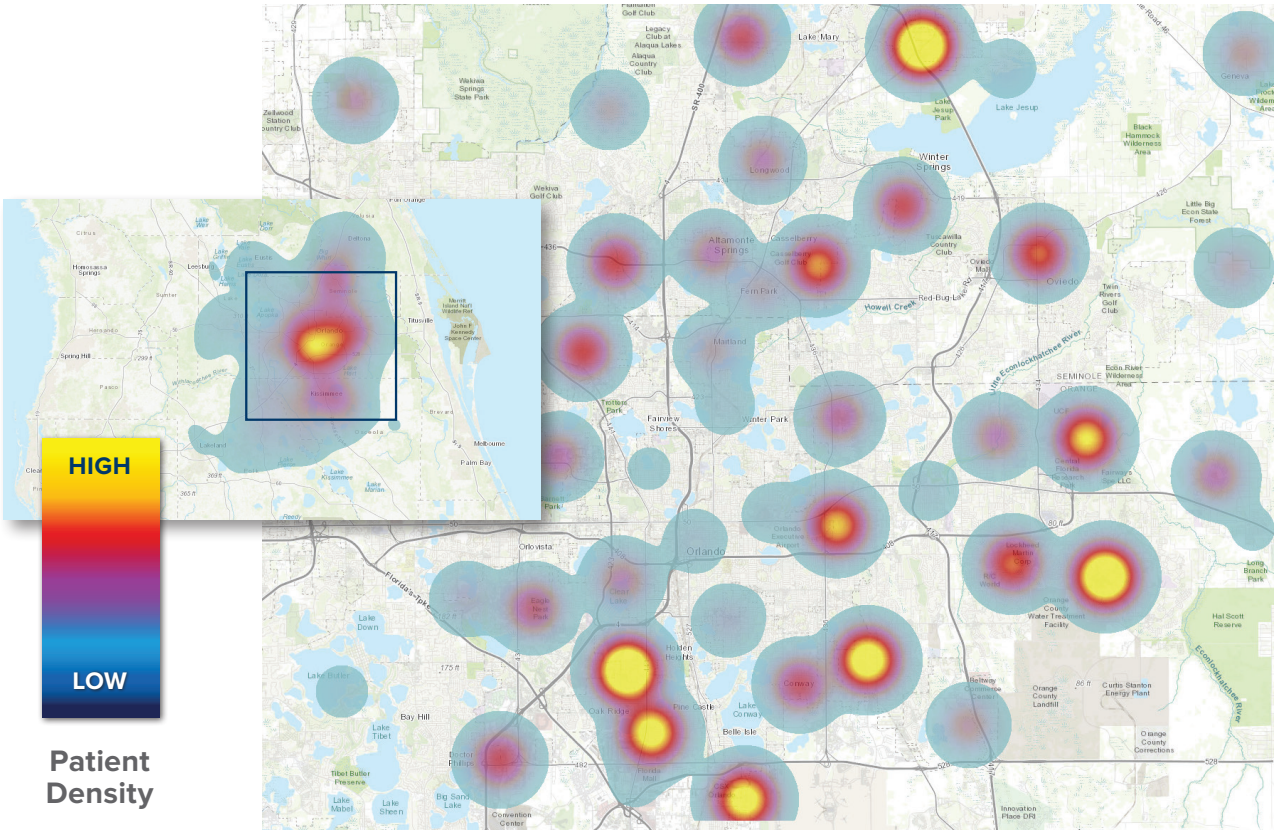
True Health is a Federally Qualified Health Center (FQHC) that provides a variety of services including primary care, behavioral health and dental. All data provided is outpatient data for 2021, 2022 and 2023.

OVERALL TOP DIAGNOSIS

The following heat map illustrates the locations of the facility's patients presenting with at least one of the most common primary diagnoses (as measured by total patient encounters) listed below. The overall patient locations were clustered largely in the Greater Orlando area into Seminole County. Overall, the top encounters were for routine examinations, hypertension and immunizations.

Rank	Primary	Count
1	Encounter for routine child health examinations without abnormal findings	42,286
2	Essential (primary) hypertension	24,839
3	Encounter for general adult medical examination without abnormal findings	23,816
4	Encounter for immunization	13,744
5	Encounter for routine child health examination with abnormal findings	11,085

OVERALL TOP DIAGNOSE HEAT MAP



Race	Count	Ethnicity	Count	Age	Count
White	289,735	Hispanic or Latino	252,267	Under 5	35,750
Black or African American	132,364	Non-Hispanic/Latino	209,912	5 to 17	59,983
American Indian or Alaska Native	2,728	Unknown or not given	12,925	18 to 24	41,104
Asian	10,302			25 to 34	77,909
Native Hawaiian or other pacific Islander	466			35 to 44	80,043
Some Other Race	14,071			45 to 54	66,613
Two or more races	160			55 to 64	63,358
Unknown	25,278			65 to 74	34,660
				75 or older	15,684
Total	**475,104**		**475,104**		**475,104**

Orlando Health

Orlando Health is a private, not-for-profit healthcare system with nine hospitals in the Central Florida region offering both inpatient and outpatient services. Orlando Health provided de-identified service use data for 2021-2024 for all patients who are self-pay. **Patients utilizing insurance are not included in the analysis.**

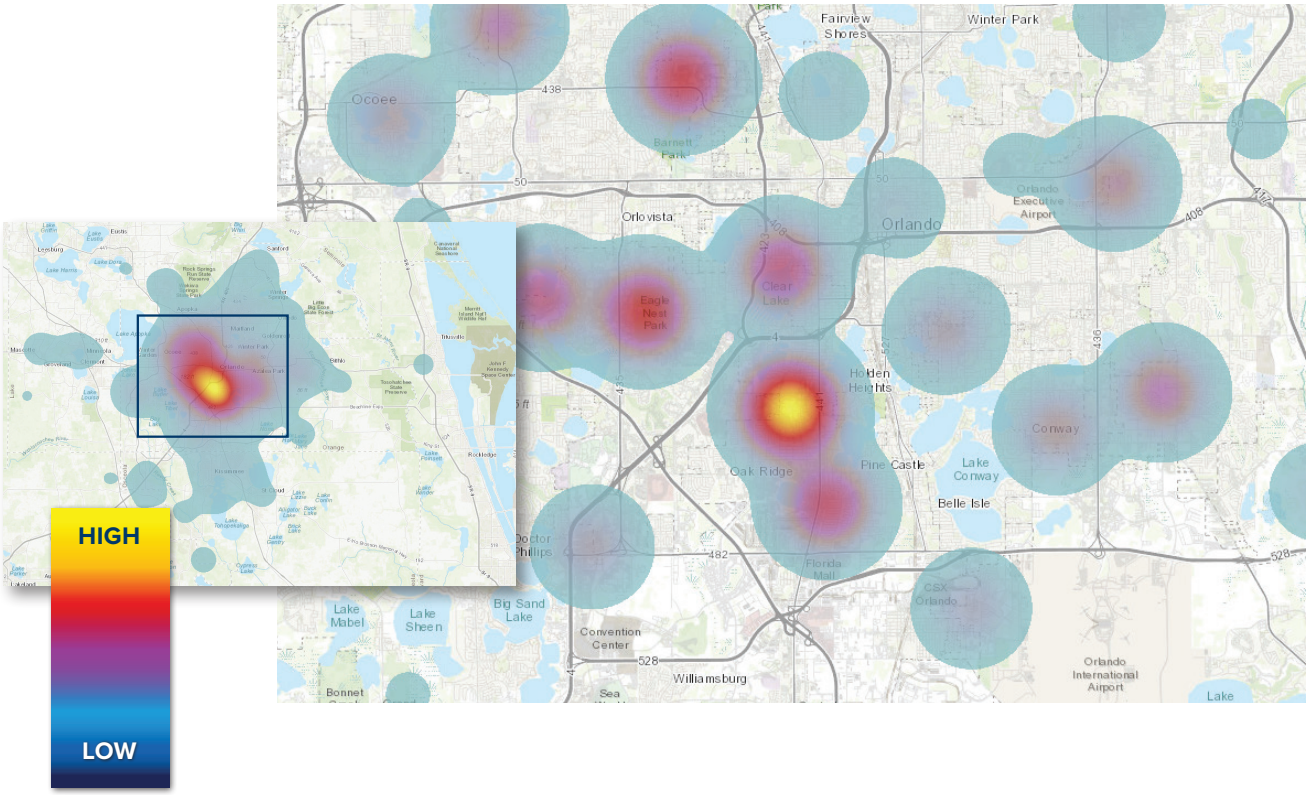
Orlando Health Arnold Palmer Hospital for Children

OVERALL TOP DIAGNOSIS

The following heat map illustrates the locations of the facility's patients presenting with at least one of the most common primary diagnoses (as measured by total patient encounters) listed below. The overall patient locations were clustered largely in the Holden Heights and Oak Ridge area in Orange County. Overall, the top primary diagnoses were respiratory infection, fever and other viral conditions.

Rank	Primary	Count	Total Cost
1	Acute upper respiratory infection, unspecified	600	$1,823,123.03
2	Fever, unspecified	417	$1,318,340.40
3	Viral infection, unspecified	228	$723,204.00
4	Constipation, unspecified	201	$957,250.44
5	Viral intestinal infection, unspecified	186	$765,816.00

OVERALL TOP DIAGNOSE HEAT MAP

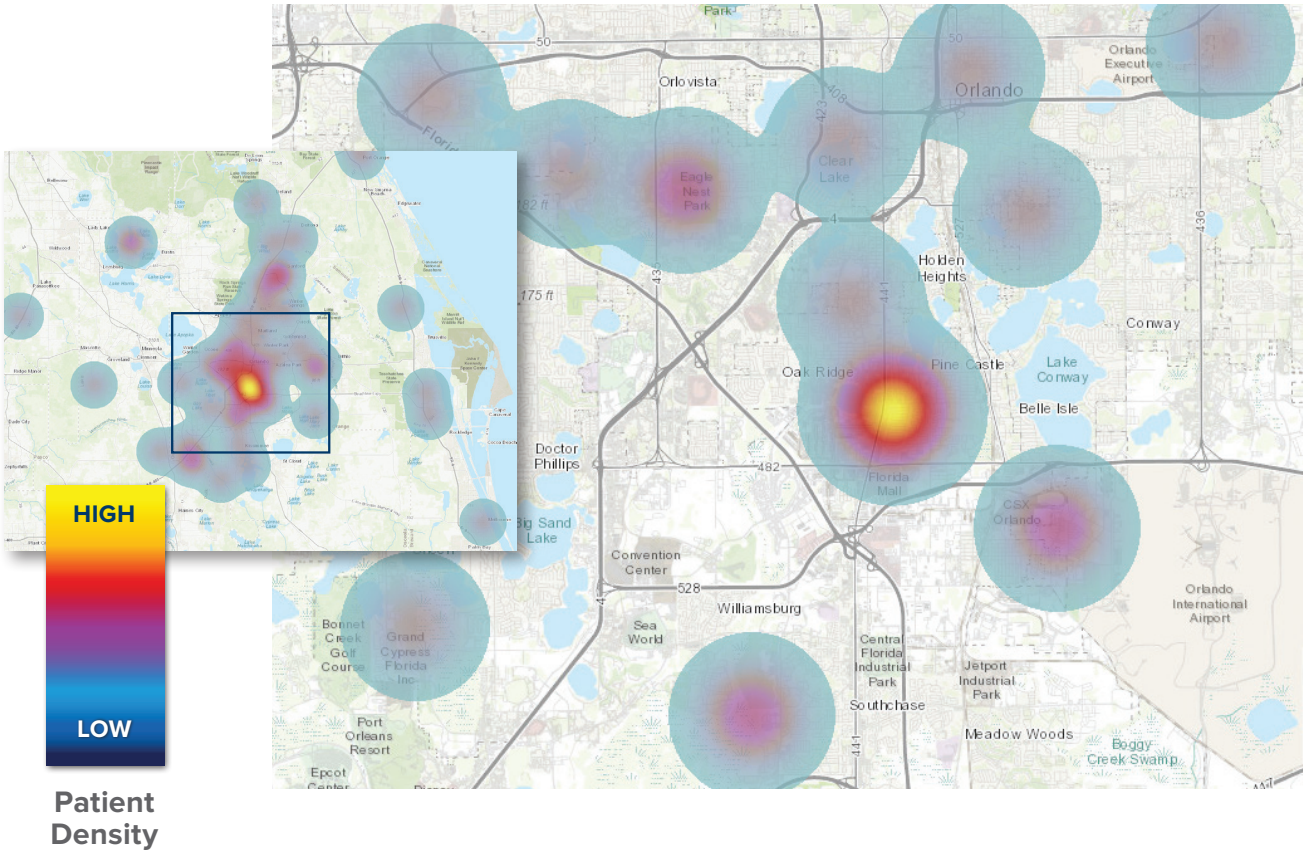


TOP INPATIENT DIAGNOSIS

The following heat map illustrates the locations of the facility's patients presenting with at least one of the most common primary diagnoses (as measured by total inpatient encounters) listed below. The inpatient visit locations were clustered largely in between Oak Ridge and Pine Castle in Orange County. Overall, the top inpatient diagnoses/encounters were respiratory-related conditions or births.

Rank	Primary	Count	Total Cost
1	Acute bronchiolitis due to respiratory syncytial virus	21	$400,368.65
2	Unspecified convulsions	18	$418,387.00
3	Acute respiratory failure with hypoxia	15	$1,268,367.37
4	Single liveborn infant, delivered vaginally	13	$916,768.64
5	Neonatal jaundice, unspecified	12	$289,111.89

TOP INPATIENT DIAGNOSIS HEAT MAP

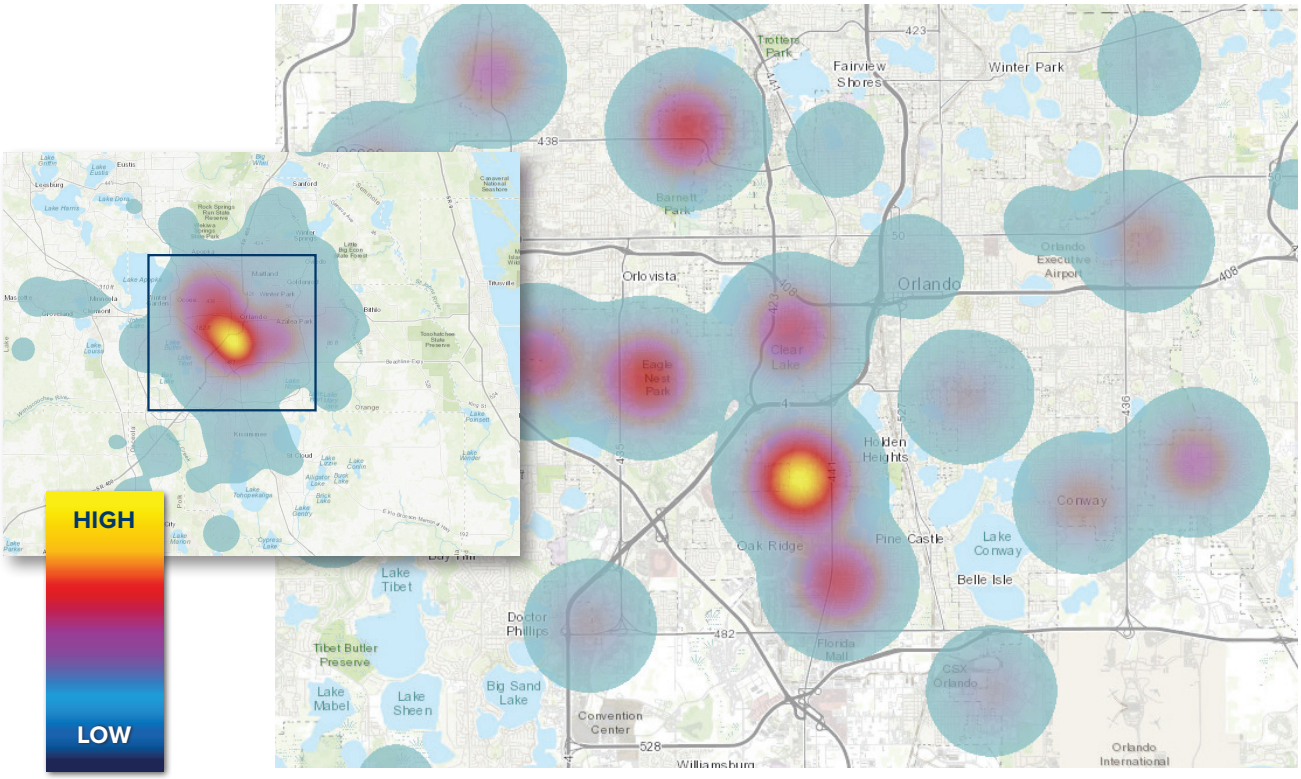


TOP OUTPATIENT DIAGNOSIS

The following heat map illustrates the locations of the facility's patients presenting with at least one of the most common primary diagnoses (as measured by total outpatient encounters) listed below. The outpatient visit locations were clustered largely in the Holden Heights and Oak Ridge area in Orange County. Overall, the top outpatient diagnoses were respiratory related, fever and other constipation conditions.

Rank	Primary	Count	Total Cost
1	Acute upper respiratory infection, unspecified	596	$1,746,540.03
2	Fever, unspecified	416	$1,300,354.40
3	Viral infection, unspecified	228	$723,204.00
4	Constipation, unspecified	194	$685,372.00
5	Influenza due to other identified influenza virus with other respiratory manifestations	182	$569,023.00

TOP OUTPATIENT DIAGNOSIS HEAT MAP



Race	Count	Ethnicity	Count	Age	Count
White	2,196	Hispanic or Latino	4,469	Under 5	3,576
Black or African American	2,867	Non-Hispanic/Latino	5,466	5 to 9	3,107
American Indian or Alaska Native	11	Unknown or not given	286	10 to 14	1,813
Asian	141			15 to 19	1,357
Native Hawaiian or other pacific Islander	6			20 or older	369
Some Other Race	4,529				
Two or more races	105				
Unknown	366				
Total	**10,221**		**10,221**		**10,221**

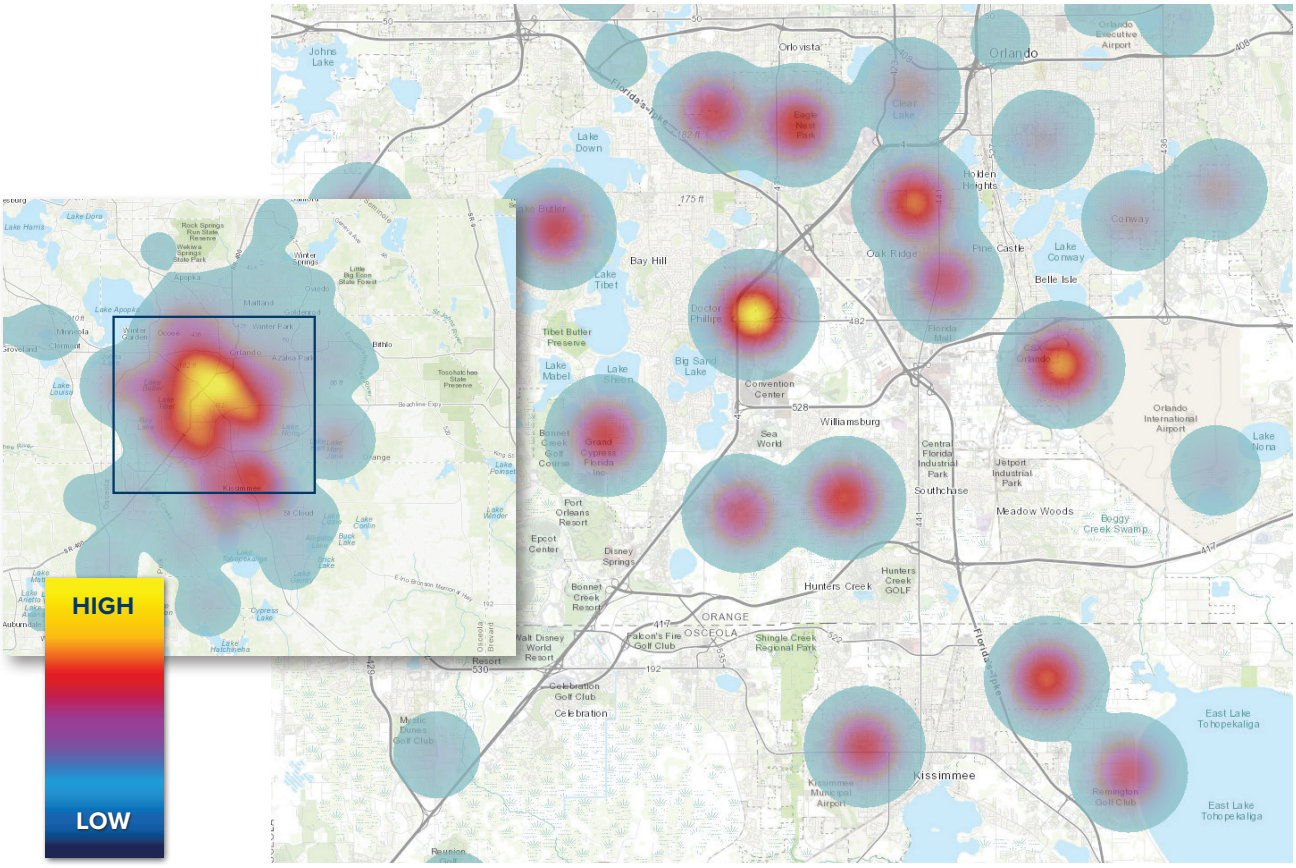
Orlando Health Dr. P. Phillips Hospital

OVERALL TOP DIAGNOSIS

The following heat map illustrates the locations of the facility's patients presenting with at least one of the most common primary diagnoses (as measured by total patient encounters) listed below. The overall patient locations were clustered largely near the hospital and Taneglo Park. Overall, the top primary diagnoses were chest pain, hyperlipidemia, COVID-19 and nausea.

Rank	Primary	Count	Total Cost
1	Chest pain, unspecified	1,459	$18,397,181.02
2	Other chest pain	1,425	$20,126,639.63
3	Mixed hyperlipidemia	1,321	$156,206.00
4	COVID-19	1,109	$8,746,983.42
5	Nausea with vomiting, unspecified	1,021	$10,294,106.81

OVERALL TOP DIAGNOSE HEAT MAP

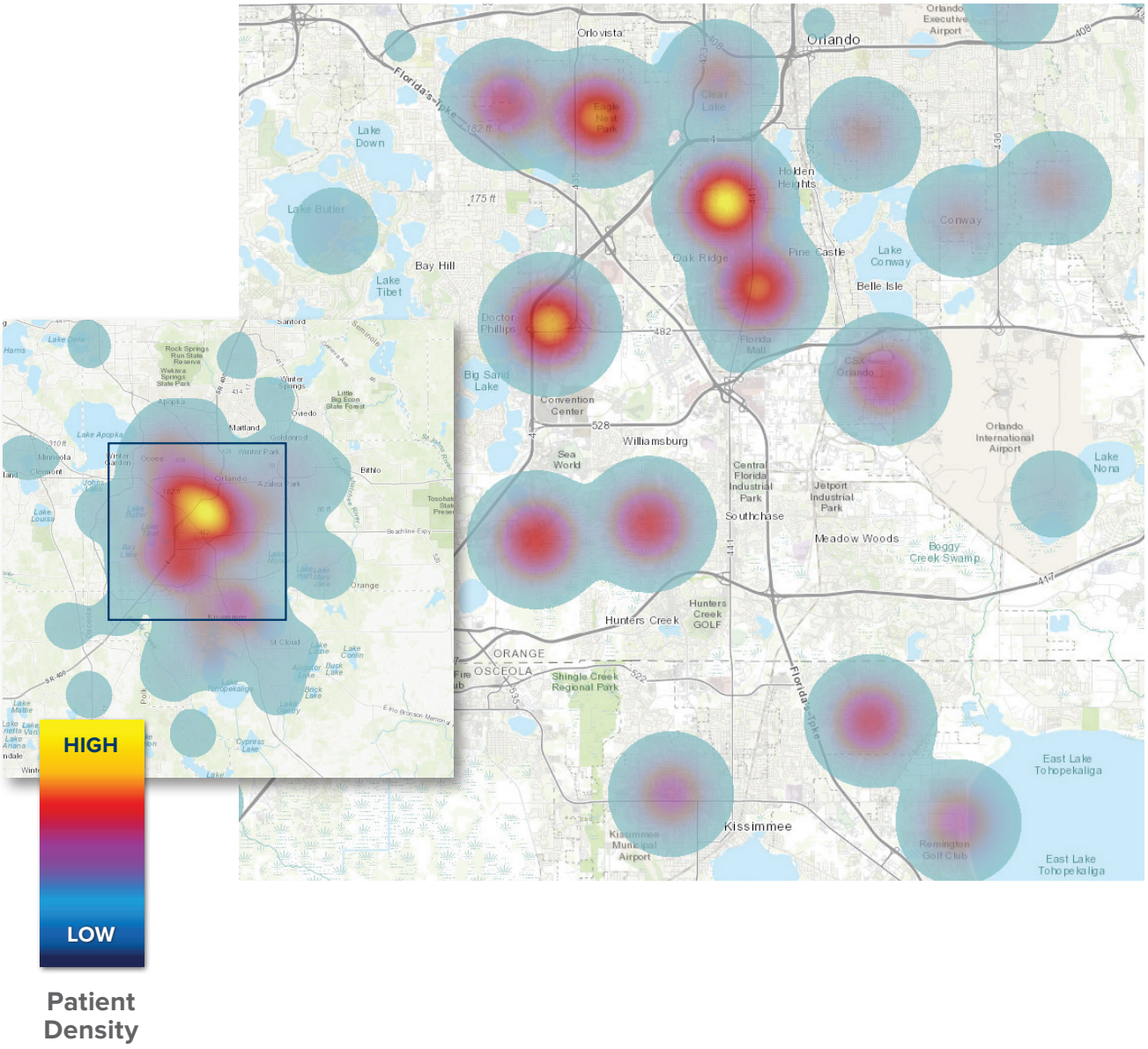


TOP INPATIENT DIAGNOSIS

The following heat map illustrates the locations of the facility's patients presenting with at least one of the most common primary diagnoses (as measured by total inpatient encounters) listed below. The inpatient visit locations were clustered largely near the hospital and between Oak Ridge and Holden Heights. Overall, the top inpatient diagnoses were sepsis, hypertensive urgency and chest pain.

Rank	Primary	Count	Total Cost
1	Sepsis, unspecified organism	408	$40,617,862.13
2	Hypertensive urgency	139	$6,620,910.81
3	Other chest pain	133	$6,006,727.68
4	Other specified sepsis	128	$22,327,897.84
5	Hydronephrosis with renal and ureteral calculous obstruction	117	$7,854,617.30

TOP INPATIENT DIAGNOSIS HEAT MAP

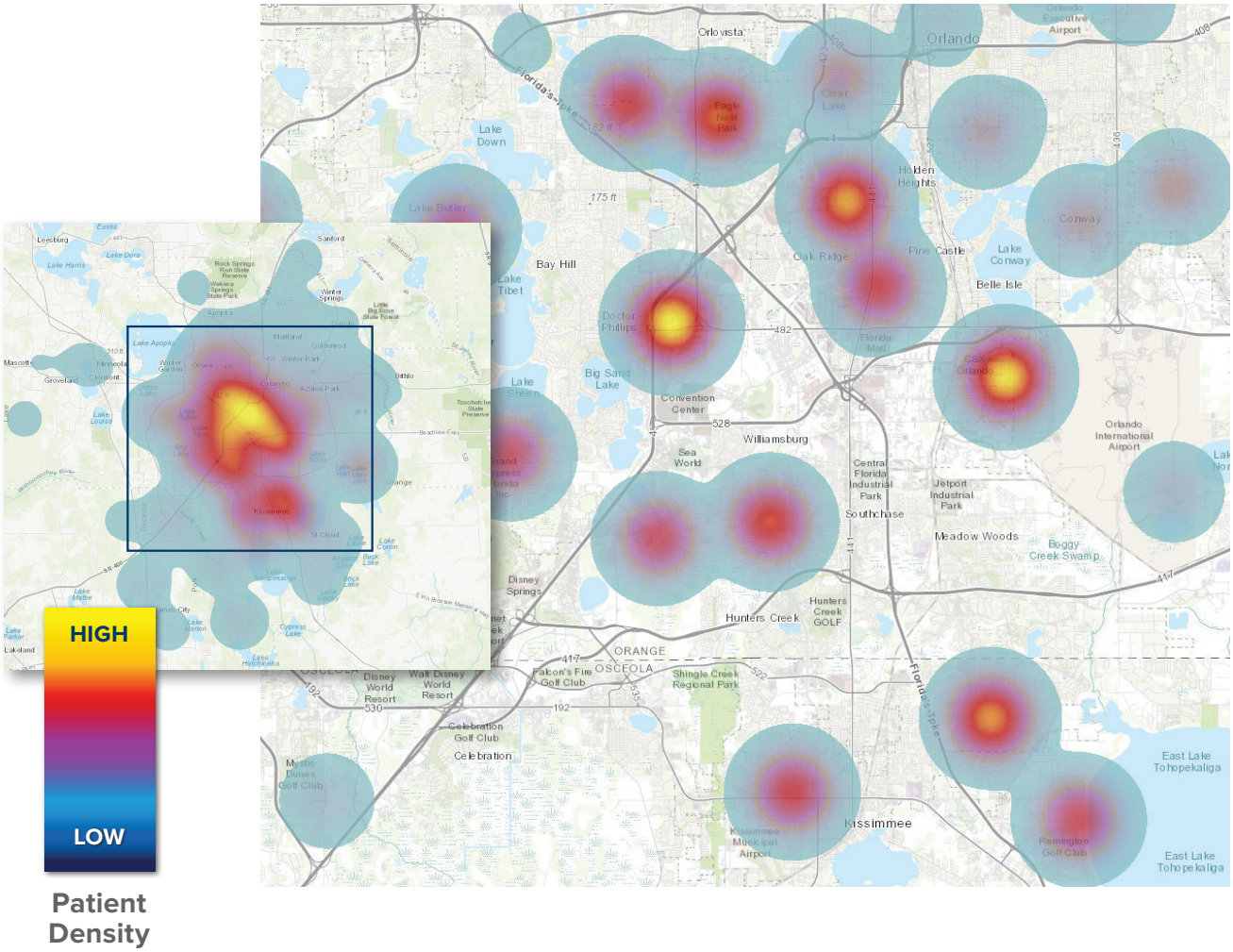


TOP OUTPATIENT DIAGNOSIS

The following heat map illustrates the locations of the facility's patients presenting with at least one of the most common primary diagnoses (as measured by total outpatient encounters) listed below. The outpatient visit locations were clustered largely near Tangelo Park and the airport. Overall, the top outpatient diagnoses were chest pain, hyperlipidemia, COVID-19 and nausea.

Rank	Primary	Count	Total Cost
1	Chest pain, unspecified	1,361	$13,710,102.87
2	Mixed hyperlipidemia	1,321	$156,206.00
3	Other chest pain	1,292	$14,119,911.95
4	COVID-19	1,057	$6,319,666.20
5	Nausea with vomiting, unspecified	997	$9,460,358.37

TOP OUTPATIENT DIAGNOSIS HEAT MAP



Race	Count	Ethnicity	Count	Age	Count
White	15620	Hispanic or Latino	26,705	Under 5	903
Black or African American	14651	Non-Hispanic/Latino	32,368	5 to 17	3,258
American Indian or Alaska Native	89	Unknown or not given	2,582	18 to 24	5,564
Asian	892			25 to 34	16,272
Native Hawaiian or other pacific Islander	64			35 to 44	12,889
Some Other Race	26571			45 to 54	10,032
Two or more races	157			55 to 64	7,425
Unknown	2611			65 to 74	3,142
				75 or older	1,123
				Unknown	37
Total	**60,655**		**60,655**		**60,655**

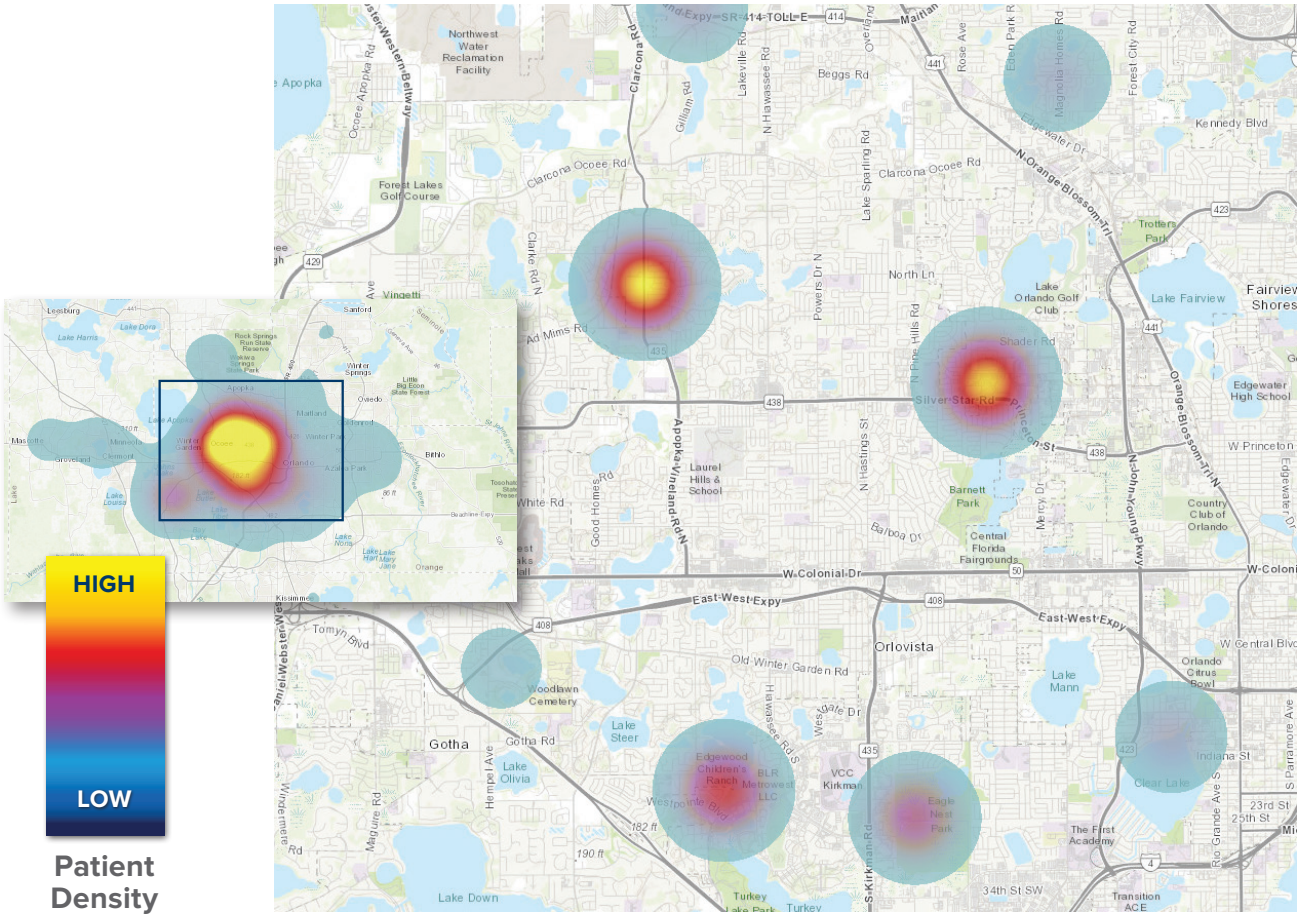
Orlando Health – Health Central Hospital

OVERALL TOP DIAGNOSIS

The following heat map illustrates the locations of the facility's patients presenting with at least one of the most common primary diagnoses (as measured by total patient encounters) listed below. The overall patient locations were clustered near Ocoee and Pine Hills. Overall, the top primary diagnoses were chest pain, upper respiratory infection and abdominal pain.

Rank	Primary	Count	Total Cost
1	Chest pain, unspecified	1,139	$15,068,989.59
2	Other chest pain	623	$10,852,374.80
3	Acute upper respiratory infection, unspecified	514	$2,554,034.58
4	Unspecified abdominal pain	512	$6,593,153.38
5	Headache, unspecified	482	$4,914,870.99

OVERALL TOP DIAGNOSE HEAT MAP

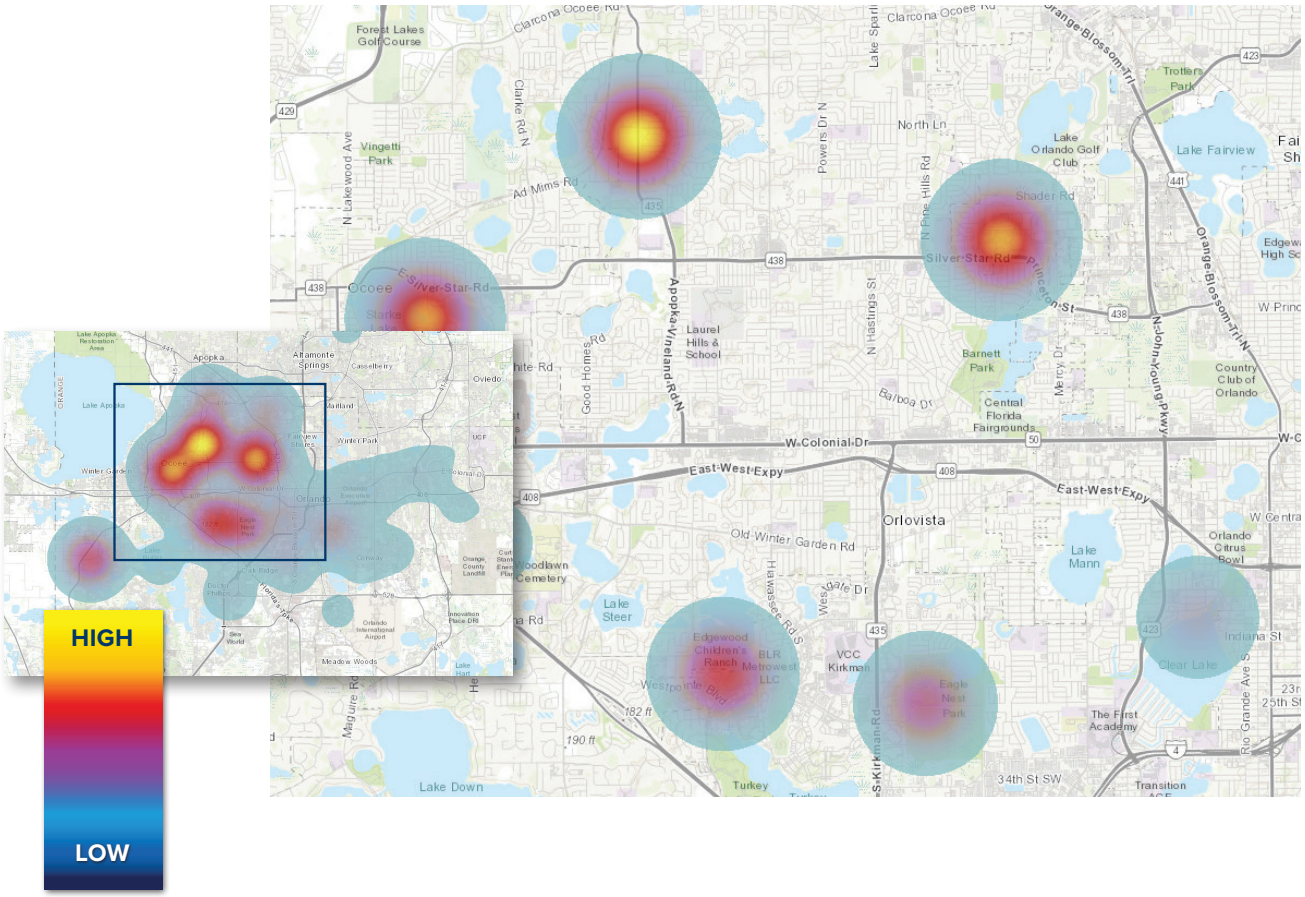


TOP INPATIENT DIAGNOSIS

The following heat map illustrates the locations of the facility's patients presenting with at least one of the most common primary diagnoses (as measured by total inpatient encounters) listed below. The inpatient visit locations were clustered largely near Ocoee and Pine Hills. Overall, the top inpatient diagnoses were sepsis, hypertensive urgency and chest pain.

Rank	Primary	Count	Total Cost
1	Sepsis, unspecified organism	222	$20,683,473.53
2	Hypertensive urgency	141	$6,358,227.66
3	Other chest pain	139	$5,345,619.00
4	Chest pain, unspecified	89	$3,741,569.22
5	Acute kidney failure, unspecified	83	$3,820,344.46

TOP INPATIENT DIAGNOSIS HEAT MAP

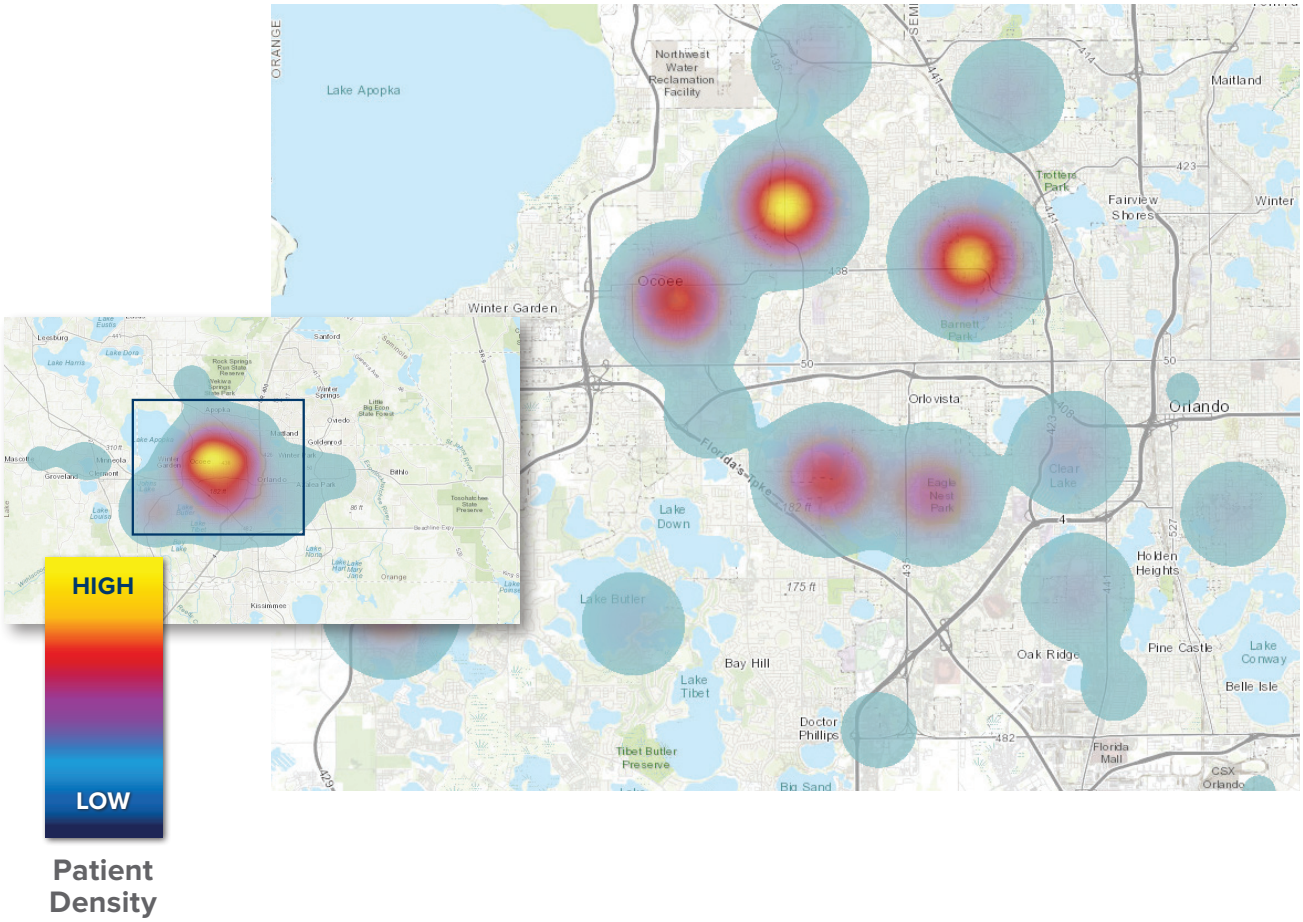


TOP OUTPATIENT DIAGNOSIS

The following heat map illustrates the locations of the facility's patients presenting with at least one of the most common primary diagnoses (as measured by total outpatient encounters) listed below. The outpatient visit locations were clustered largely near Ocoee and Pine Hills. Overall, the top outpatient diagnoses were chest pain, upper respiratory infection and abdominal pain.

Rank	Primary	Count	Total Cost
1	Chest pain, unspecified	1,050	$11,327,420.37
2	Acute upper respiratory infection, unspecified	512	$2,464,516.58
3	Unspecified abdominal pain	505	$6,263,586.38
4	Other chest pain	484	$5,506,755.80
5	Headache, unspecified	476	$4,709,979.13

TOP OUTPATIENT DIAGNOSIS HEAT MAP



Race	Count	Ethnicity	Count	Age	Count
White	10,260	Hispanic or Latino	9,570	Under 5	482
Black or African American	17,284	Non-Hispanic/Latino	26,017	5 to 17	1,559
American Indian or Alaska Native	78	Unknown or not given	517	18 to 24	3,479
Asian	440			25 to 34	9,781
Native Hawaiian or other pacific Islander	55			35 to 44	7,751
Some Other Race	6,524			45 to 54	6,031
Two or more races	116			55 to 64	4,731
Unknown	1,347			65 to 74	1,614
				75 or older	675
				Unknown	1
Total	**36,104**		**36,104**		**36,104**

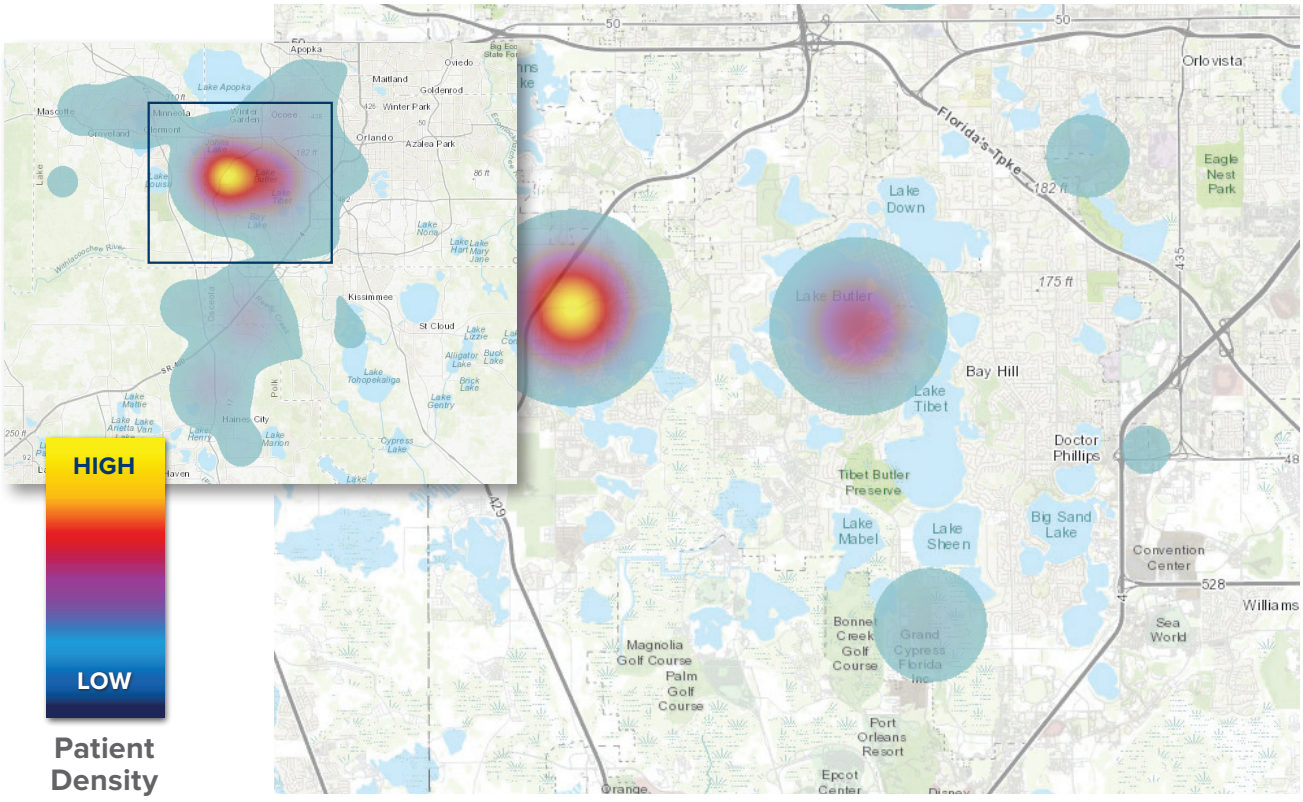
Orlando Health Horizon West Hospital

OVERALL TOP DIAGNOSIS

The following heat map illustrates the locations of the facility's patients presenting with at least one of the most common primary diagnoses (as measured by total patient encounters) listed below. The overall patient locations were clustered largely near Johns Lake and Lake Butler. Overall, the top primary diagnoses were hyperlipidemia, nausea and chest pain.

Rank	Primary	Count	Total Cost
1	Mixed hyperlipidemia	468	$45,331.00
2	Nausea with vomiting, unspecified	485	$2,002,459.56
3	Chest pain, unspecified	277	$2,835,457.26
4	Other specified personal risk factors, not elsewhere classified	213	$167,86.00
5	Encounter for screening for cardiovascular disorders	204	$18,318.00

OVERALL TOP DIAGNOSE HEAT MAP

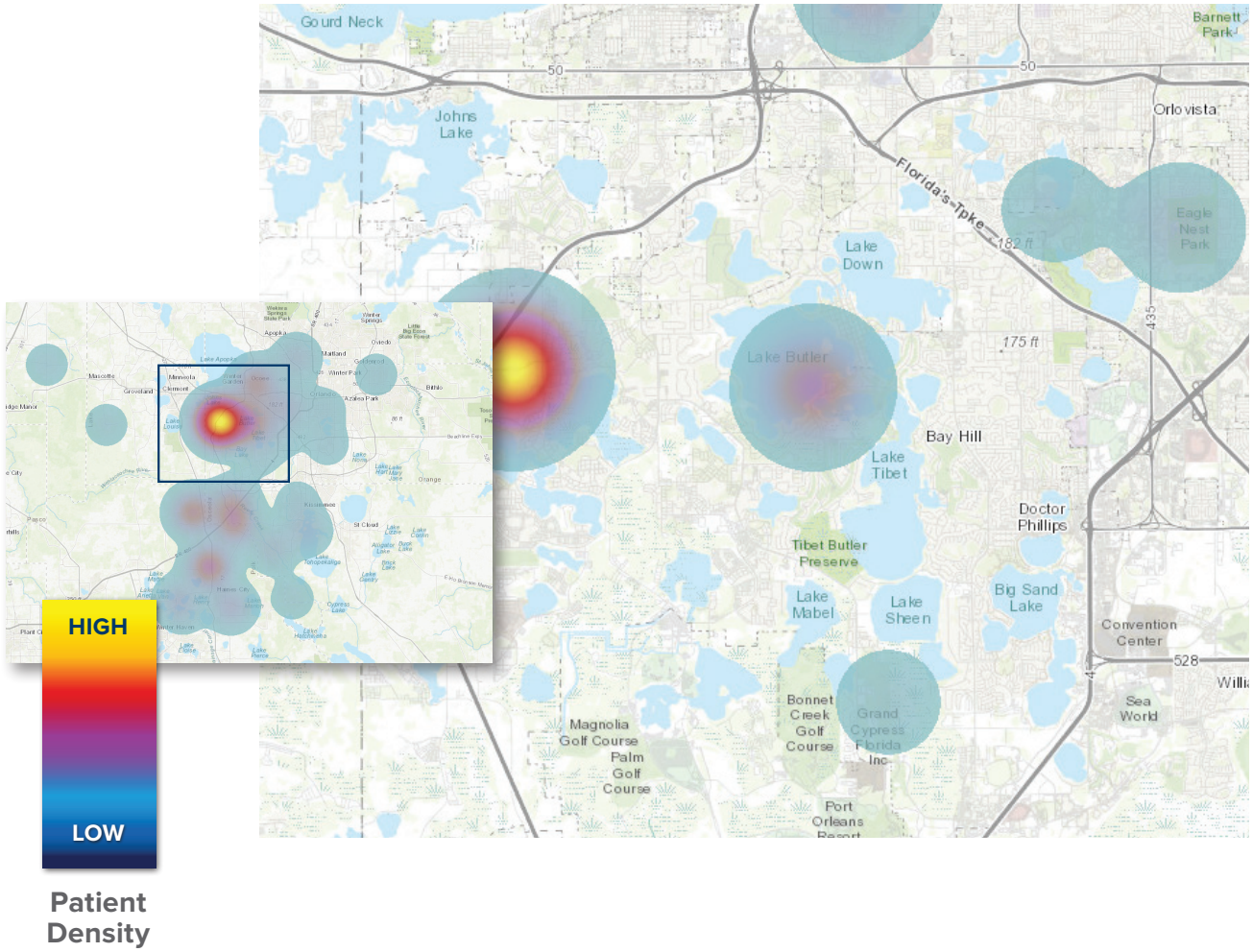


TOP INPATIENT DIAGNOSIS

The following heat map illustrates the locations of the facility's patients presenting with at least one of the most common primary diagnoses (as measured by total inpatient encounters) listed below. The inpatient visit locations were clustered largely near Johns Lake and Lake Butler. Overall, the top inpatient diagnoses were sepsis, chest pain and kidney failure.

Rank	Primary	Count	Total Cost
1	Sepsis, unspecified organism	42	$3,478,845.51
2	Other chest pain	19	$850,147.86
3	Chest pain, unspecified	15	$596,576.76
4	Acute kidney failure, unspecified	14	$418,032.12
5	Hypertensive urgency	12	$572,174.96

TOP INPATIENT DIAGNOSIS HEAT MAP

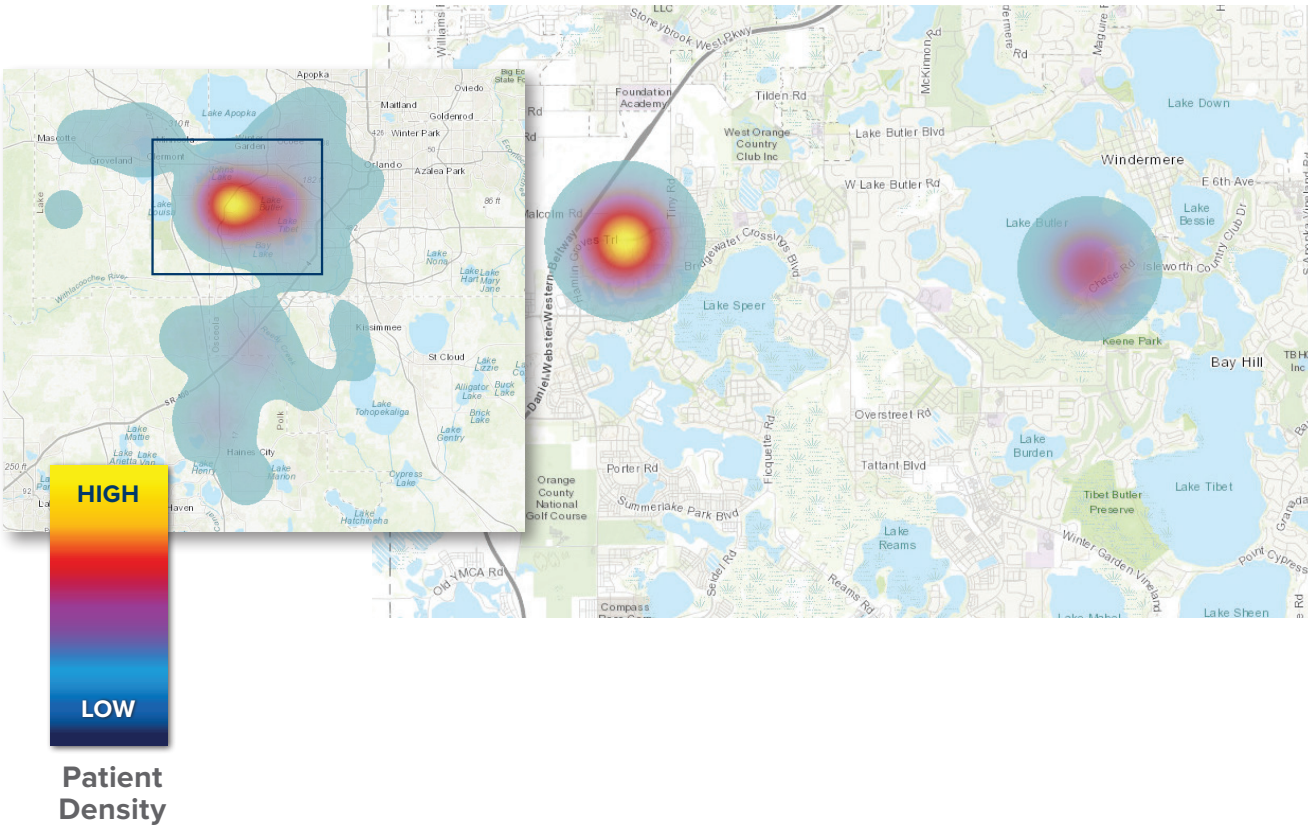


TOP OUTPATIENT DIAGNOSIS

The following heat map illustrates the locations of the facility's patients presenting with at least one of the most common primary diagnoses (as measured by total outpatient encounters) listed below. The outpatient visit locations were clustered largely west of Windermere. Overall, the top outpatient diagnoses were hyperlipidemia, chest pain and other encounters.

Rank	Primary	Count	Total Cost
1	Mixed hyperlipidemia	468	$45,331.00
2	Chest pain, unspecified	262	$2,238,880.50
3	Other specified personal risk factors, not elsewhere classified	213	$16,786.00
4	Encounter for screening for cardiovascular disorders	204	$18,318.00
5	Acute upper respiratory infection, unspecified	182	$766,681.74

TOP OUTPATIENT DIAGNOSIS HEAT MAP



Race	Count	Ethnicity	Count	Age	Count
White	4,930	Hispanic or Latino	3,371	Under 5	253
Black or African American	1,497	Non-Hispanic/Latino	6,041	5 to 17	766
American Indian or Alaska Native	21	Unknown or not given	145	18 to 24	878
Asian	210			25 to 34	2,205
Native Hawaiian or other pacific Islander	8			35 to 44	1,755
Some Other Race	2,508			45 to 54	1,697
Two or more races	30			55 to 64	1,339
Unknown	353			65 to 74	482
				75 or older	182
Total	**9,557**		**9,557**		**9,557**

Orlando Health Jewett Orthopedic Institute

Maps are not available for Orlando Health Jewett Orthopedic Institute as data under 15 in a service area is suppressed.

OVERALL TOP DIAGNOSIS

Rank	Primary	Count
1	Encounter for other preprocedural examination	12
2	Displaced bimalleolar fracture of right lower leg, initial encounter for closed fracture	2
3	Displaced trimalleolar fracture of right lower leg, initial encounter for closed fracture	2

TOP INPATIENT DIAGNOSIS

Rank	Primary	Count
1	Unilateral primary osteoarthritis, left hip Show additional info	1
2	Idiopathic aseptic necrosis of left femur	1
3	Displaced trimalleolar fracture of right lower leg, subsequent encounter for closed fracture with routine healing	1
4	Disruption of external operation (surgical) wound, not elsewhere classified, initial encounter	1
5	Infection and inflammatory reaction due to other internal joint prosthesis, initial encounter	1

TOP OUTPATIENT DIAGNOSIS

Rank	Primary	Count
1	Encounter for other preprocedural examination	12
2	Displaced bimalleolar fracture of right lower leg, initial encounter for closed fracture	2
3	Displaced trimalleolar fracture of right lower leg, initial encounter for closed fracture	2

Race	Count	Ethnicity	Count	Age	Count
White	18	Hispanic or Latino	15	Under 5	0
Black or African American	8	Non-Hispanic/Latino	25	5 to 17	2
American Indian or Alaska Native	0	Unknown or not given	2	18 to 24	4
Asian	1			25 to 34	5
Native Hawaiian or other pacific Islander	0			35 to 44	10
Some Other Race	13			45 to 54	10
Two or more races	1			55 to 64	9
Unknown	1			65 to 74	2
				75 or older	0
Total	**42**		**42**		**42**

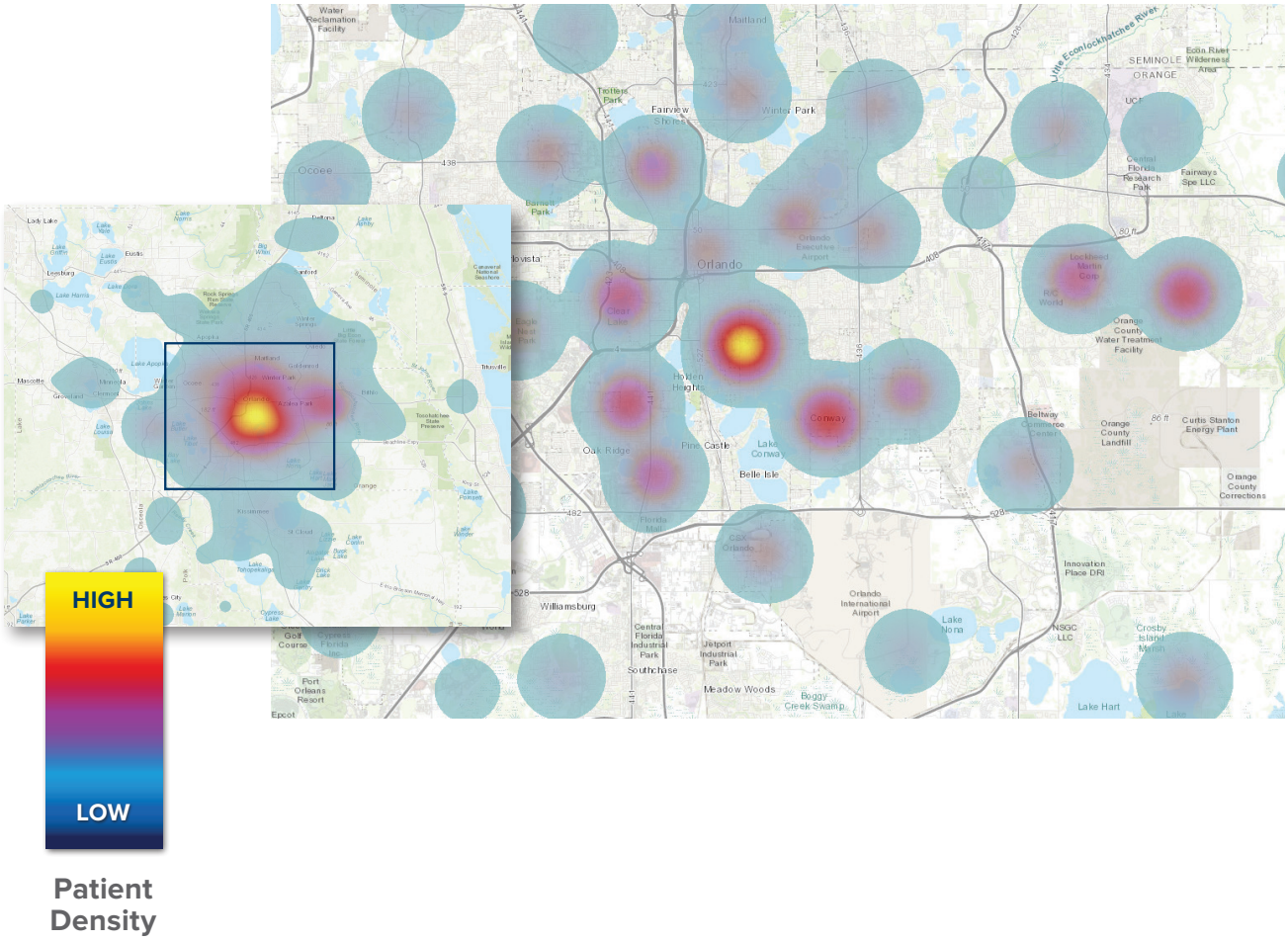
Orlando Health Orlando Regional Medical Center Hospital

OVERALL TOP DIAGNOSIS

The following heat map illustrates the locations of the facility's patients presenting with at least one of the most common primary diagnoses (as measured by total patient encounters) listed below. The overall patient locations were clustered largely northeast of Holden Heights. Overall, the top primary diagnoses were chest pain, hypertension and hyperlipidemia.

Rank	Primary	Count	Total Cost
1	Chest pain, unspecified	1,892	$19,256,892.74
2	Encounter for screening for cardiovascular disorders	1,574	$434,462.79
3	Essential (primary) hypertension	1,239	$2,439,321.75
4	Mixed hyperlipidemia	1,182	$174,470.89
5	Hyperlipidemia, unspecified	1,135	$152,768.83

OVERALL TOP DIAGNOSE HEAT MAP

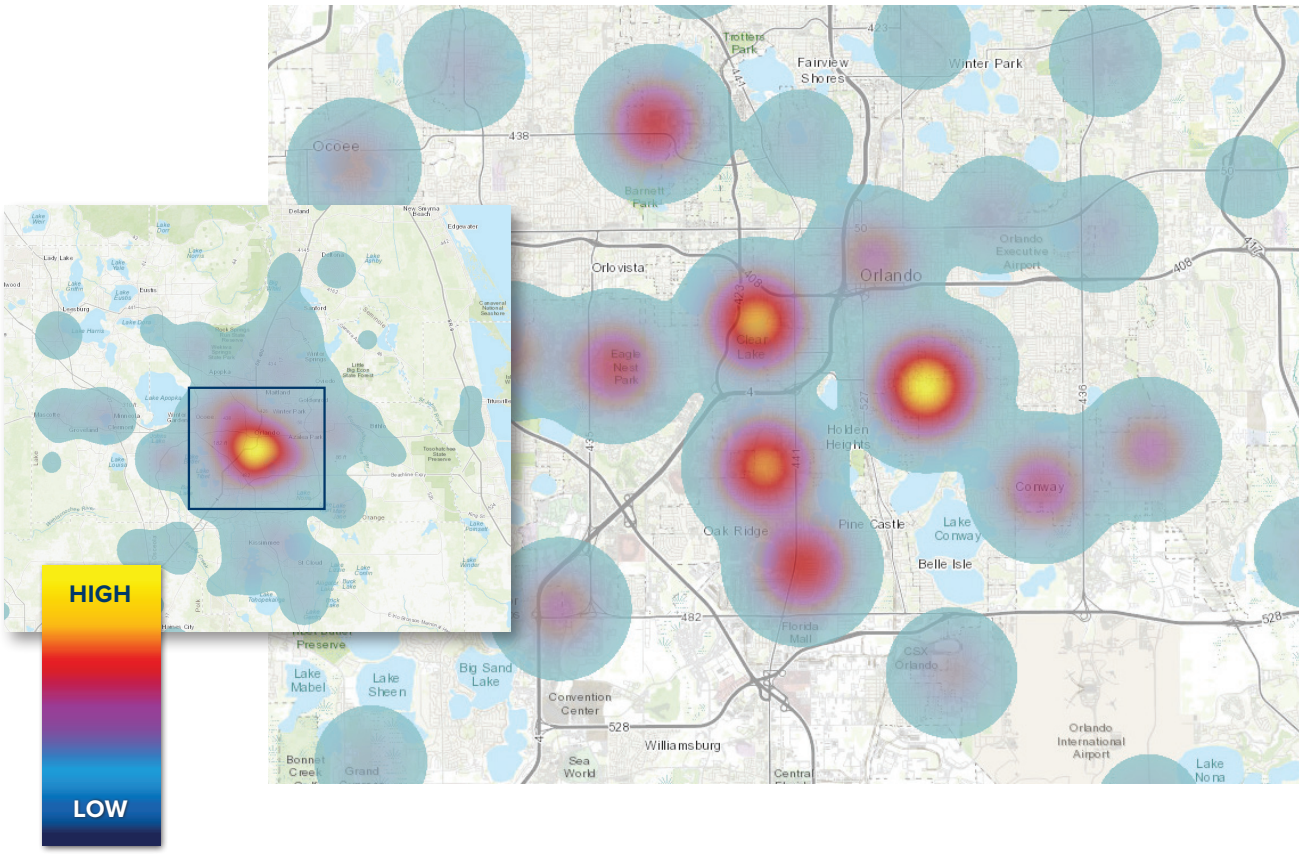


TOP INPATIENT DIAGNOSIS

The following heat map illustrates the locations of the facility's patients presenting with at least one of the most common primary diagnoses (as measured by total inpatient encounters) listed below. The inpatient visit locations were clustered largely northeast of Holden Heights. Overall, the top inpatient diagnoses were sepsis, morbid obesity and heart-related conditions.

Rank	Primary	Count	Total Cost
1	Sepsis, unspecified organism	358	$53,240,980.46
2	Morbid (severe) obesity due to excess calories	247	$37,619,165.98
3	Non-ST elevation (NSTEMI) myocardial infarction	94	$22,498,694.95
4	Hypertensive heart disease with heart failure	79	$7,838,288.90
5	Other chest pain	66	$3,510,683.96

TOP INPATIENT DIAGNOSIS HEAT MAP

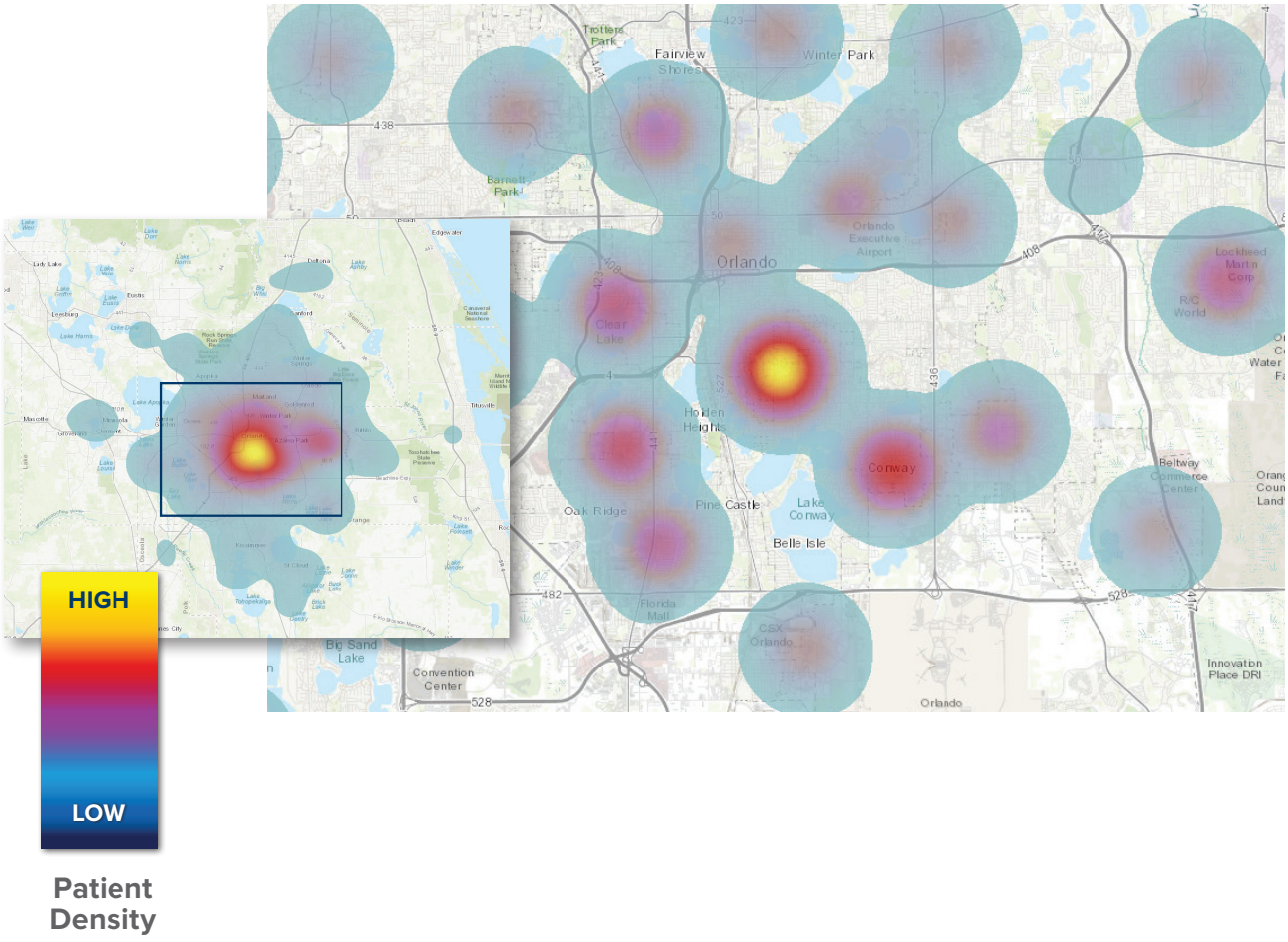


TOP OUTPATIENT DIAGNOSIS

The following heat map illustrates the locations of the facility's patients presenting with at least one of the most common primary diagnoses (as measured by total patient encounters) listed below. The outpatient visit locations were clustered largely northeast of Holden Heights. Overall, the top outpatient diagnoses were chest pain, hypertension and hyperlipidemia.

Rank	Primary	Count	Total Cost
1	Chest pain, unspecified	1,834	$16,276,667.47
2	Encounter for screening for cardiovascular disorders	1,574	$434,462.79
3	Essential (primary) hypertension	1,236	$2,279,834.70
4	Mixed hyperlipidemia	1,182	$174,470.89
5	Hyperlipidemia, unspecified	1,135	$152,768.83

TOP OUTPATIENT DIAGNOSIS HEAT MAP



Race	Count	Ethnicity	Count	Age	Count
White	23,146	Hispanic or Latino	19,844	Under 5	310
Black or African American	19,443	Non-Hispanic/Latino	43,327	5 to 17	702
American Indian or Alaska Native	99	Unknown or not given	4,613	18 to 24	4,992
Asian	1,024			25 to 34	15,724
Native Hawaiian or other pacific Islander	73			35 to 44	14,256
Some Other Race	18,270			45 to 54	12,629
Two or more races	371			55 to 64	12,041
Unknown	5,358			65 to 74	5,285
				75 or older	2,033
				Unknown	12
Total	**67,784**		**67,784**		**67,784**

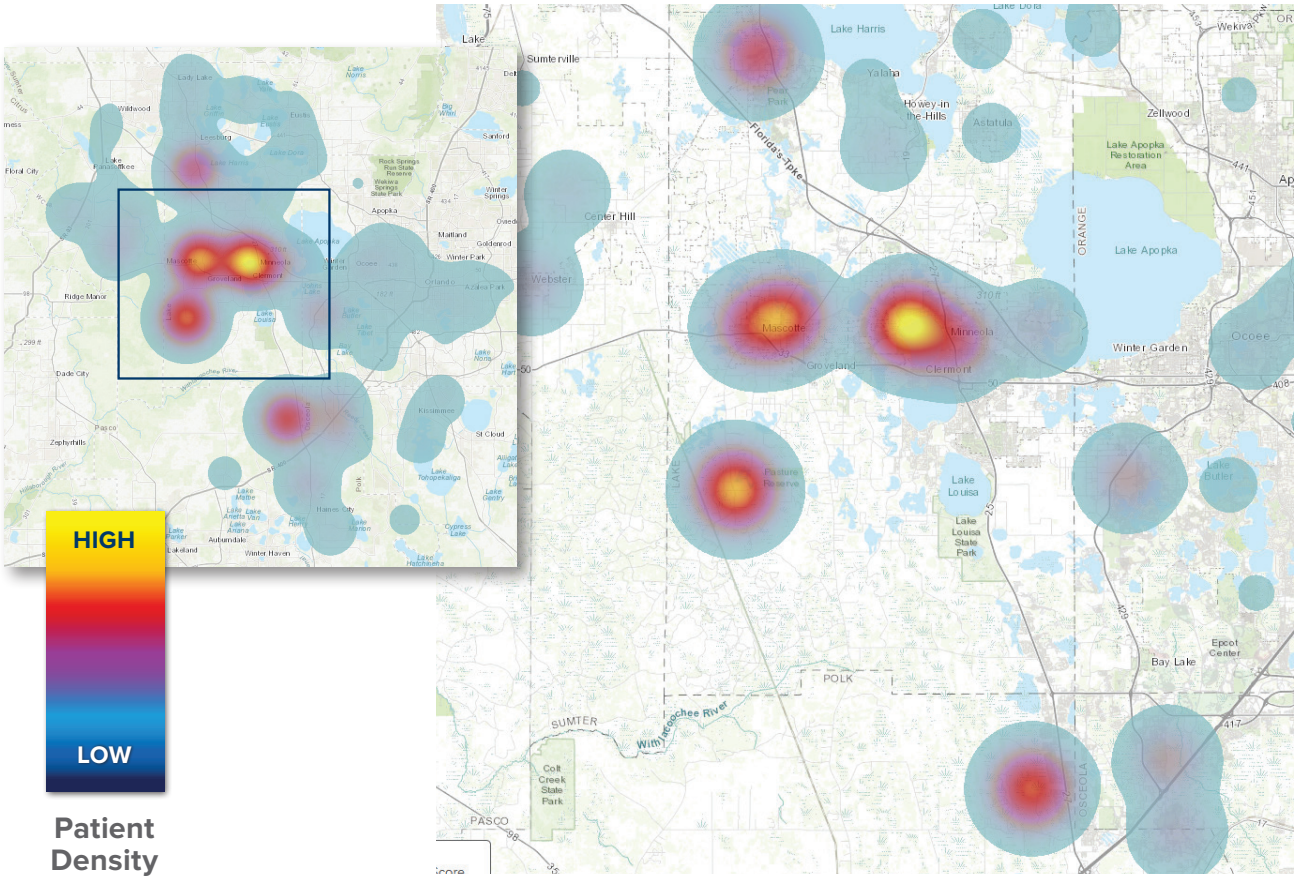
Orlando Health South Lake Hospital

OVERALL TOP DIAGNOSIS

The following heat map illustrates the locations of the facility's patients presenting with at least one of the most common primary diagnoses (as measured by total patient encounters) listed below. The overall patient locations were clustered largely in Mascotte and Minneola. Overall, the top primary diagnoses were chest pain, upper respiratory infection, COVID-19 and nausea.

Rank	Primary	Count	Total Cost
1	Chest pain, unspecified	807	$12,573,031.39
2	Acute upper respiratory infection, unspecified	648	$2,815,051.47
3	Other chest pain	612	$9,000,059.60
4	COVID-19	588	$4,651,353.19
5	Nausea with vomiting, unspecified	529	$5,228,881.12

OVERALL TOP DIAGNOSE HEAT MAP

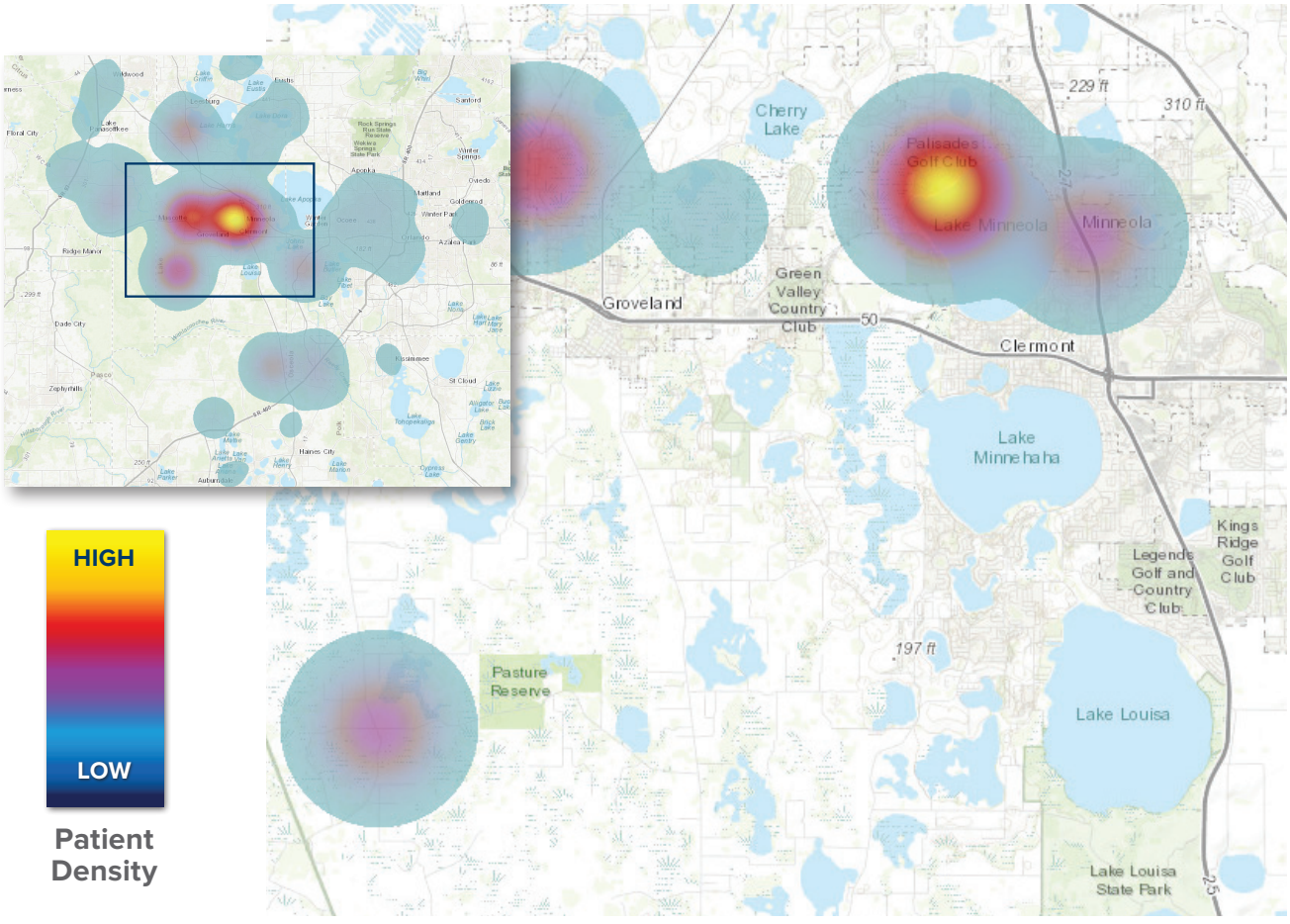


TOP INPATIENT DIAGNOSIS

The following heat map illustrates the locations of the facility's patients presenting with at least one of the most common primary diagnoses (as measured by total inpatient encounters) listed below. The inpatient visit locations were clustered largely in Mascotte and Minneola. Overall, the top inpatient diagnoses were sepsis, childbirth and kidney-related conditions.

Rank	Primary	Count	Total Cost
1	Sepsis, unspecified organism	229	$19,738,488.61
2	Single liveborn infant, delivered vaginally	146	$2,090,471.04
3	Other specified sepsis	81	$8,409,789.67
4	Hydronephrosis with renal and ureteral calculous obstruction	59	$3,473,144.53
5	Single liveborn infant, delivered by cesarean	59	$1,042,669.35

TOP INPATIENT DIAGNOSIS HEAT MAP

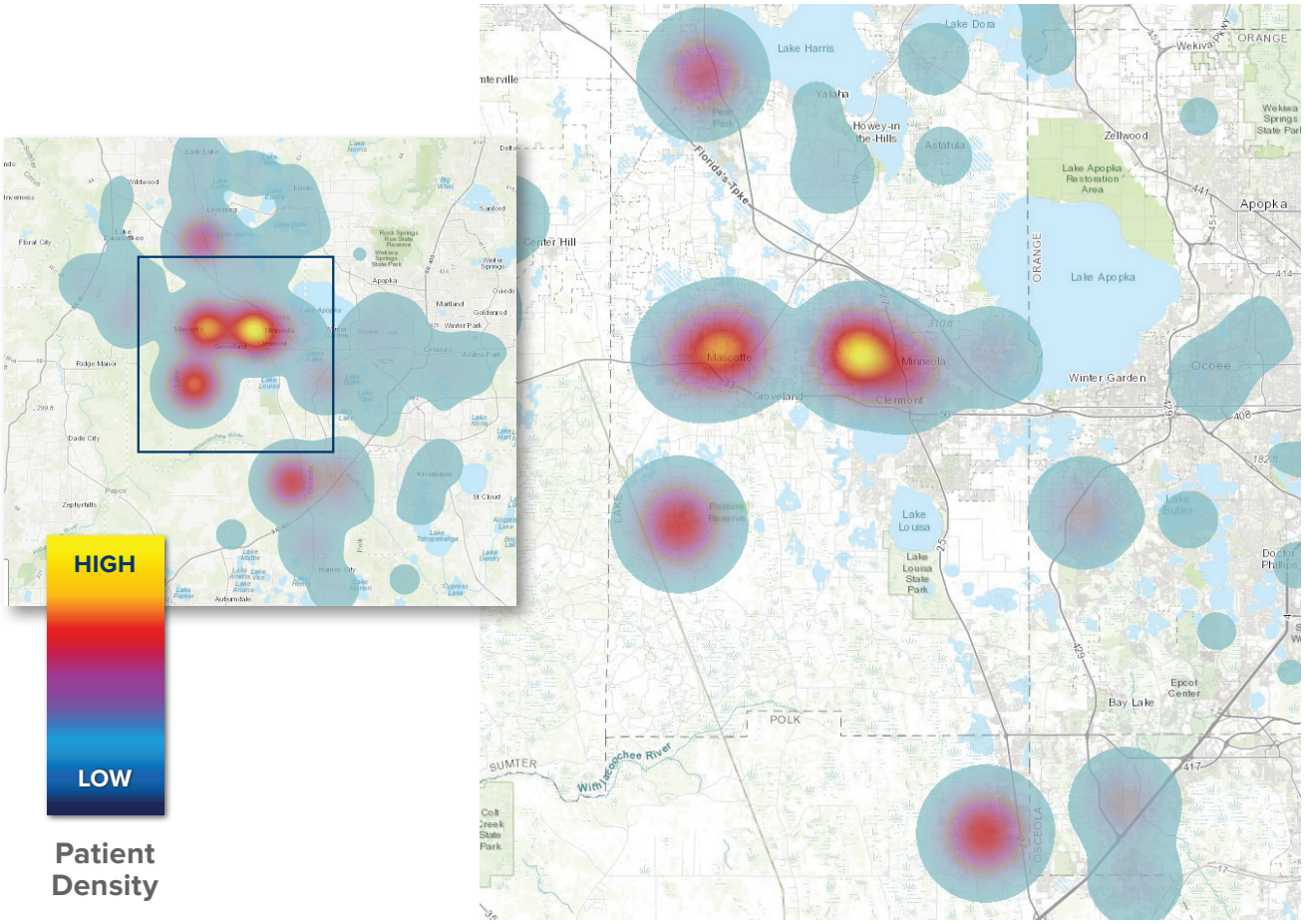


TOP OUTPATIENT DIAGNOSIS

The following heat map illustrates the locations of the facility's patients presenting with at least one of the most common primary diagnoses (as measured by total outpatient encounters) listed below. The outpatient visit locations were clustered largely in Mascotte and Minneola. Overall, the top outpatient diagnoses were chest pain, respiratory-related conditions and nausea.

Rank	Primary	Count	Total Cost
1	Chest pain, unspecified	778	$11,069,185.38
2	Acute upper respiratory infection, unspecified	647	$2,781,298.77
3	Other chest pain	576	$7,198,819.95
4	COVID-19	572	$3,286,445.71
5	Nausea with vomiting, unspecified	519	$4,849,191.84

TOP OUTPATIENT DIAGNOSIS HEAT MAP



Race	Count	Ethnicity	Count	Age	Count
White	16,025	Hispanic or Latino	11,592	Under 5	936
Black or African American	6,495	Non-Hispanic/Latino	22,870	5 to 17	2,501
American Indian or Alaska Native	37	Unknown or not given	662	18 to 24	3,364
Asian	464			25 to 34	9,219
Native Hawaiian or other pacific Islander	38			35 to 44	7,405
Some Other Race	10,859			45 to 54	5,504
Two or more races	146			55 to 64	4,215
Unknown	1,060			65 to 74	1,474
				75 or older	505
				Unknown	1
Total	**35,124**		**35,124**		**35,124**

Orlando Health South Seminole Hospital

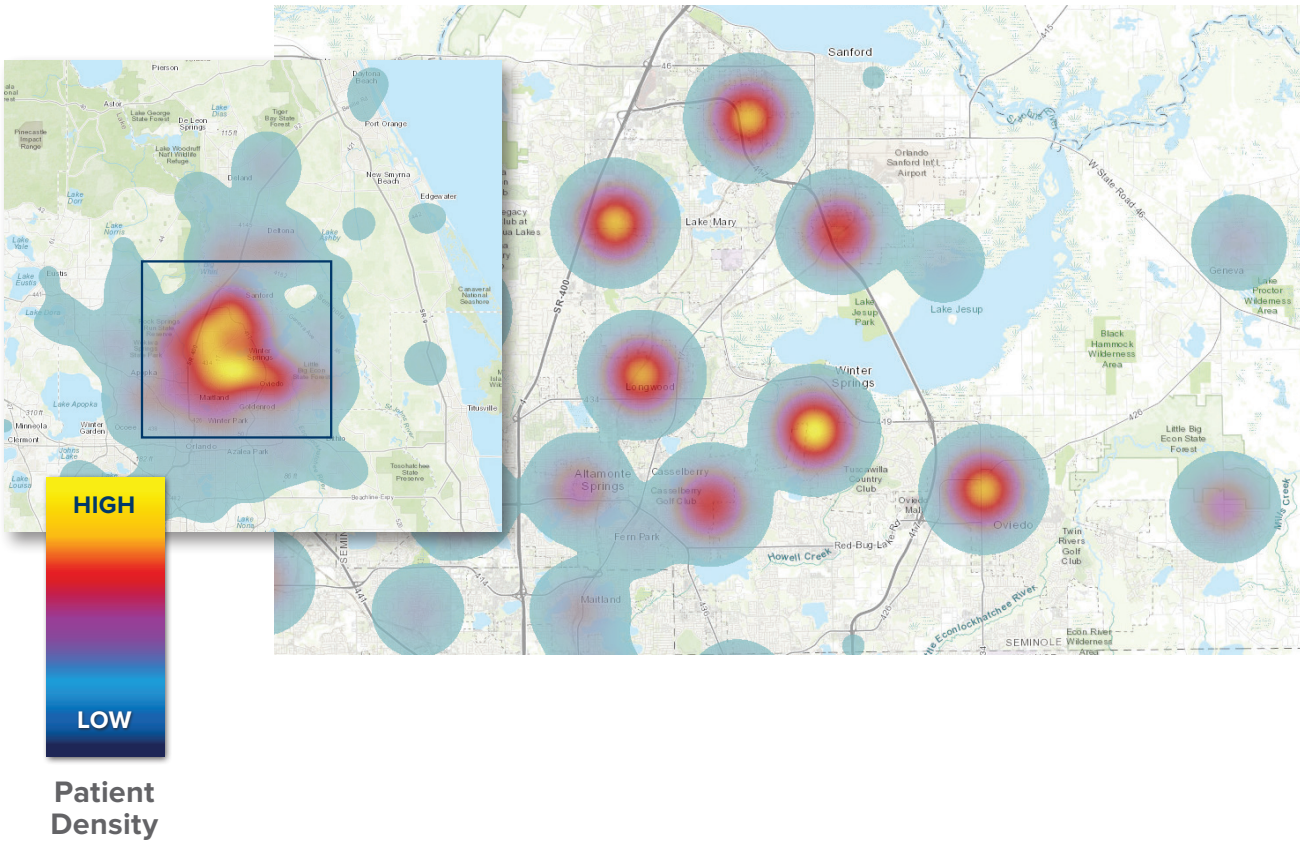
Data below represents Orlando Health South Seminole Hospital which closed in early 2025. Prior to closing, patients were transitioned to the newly built Orlando Health Lake Mary Hospital to ensure no gaps in care for patients.

OVERALL TOP DIAGNOSIS

The following heat map illustrates the locations of the facility's patients presenting with at least one of the most common primary diagnoses (as measured by total patient encounters) listed below. The patient locations were clustered largely near Winter Springs and Lake Mary. Overall, the top primary diagnoses were hyperlipidemia, hypertension and chest pain.

Rank	Primary	Count	Total Cost
1	Mixed hyperlipidemia	660	$77,832.30
2	Essential (primary) hypertension	651	$761,845.40
3	Chest pain, unspecified	594	$6,787,487.09
4	Hyperlipidemia, unspecified	569	$650,24.01
5	Other chest pain	502	$6,412,501.18

OVERALL TOP DIAGNOSE HEAT MAP

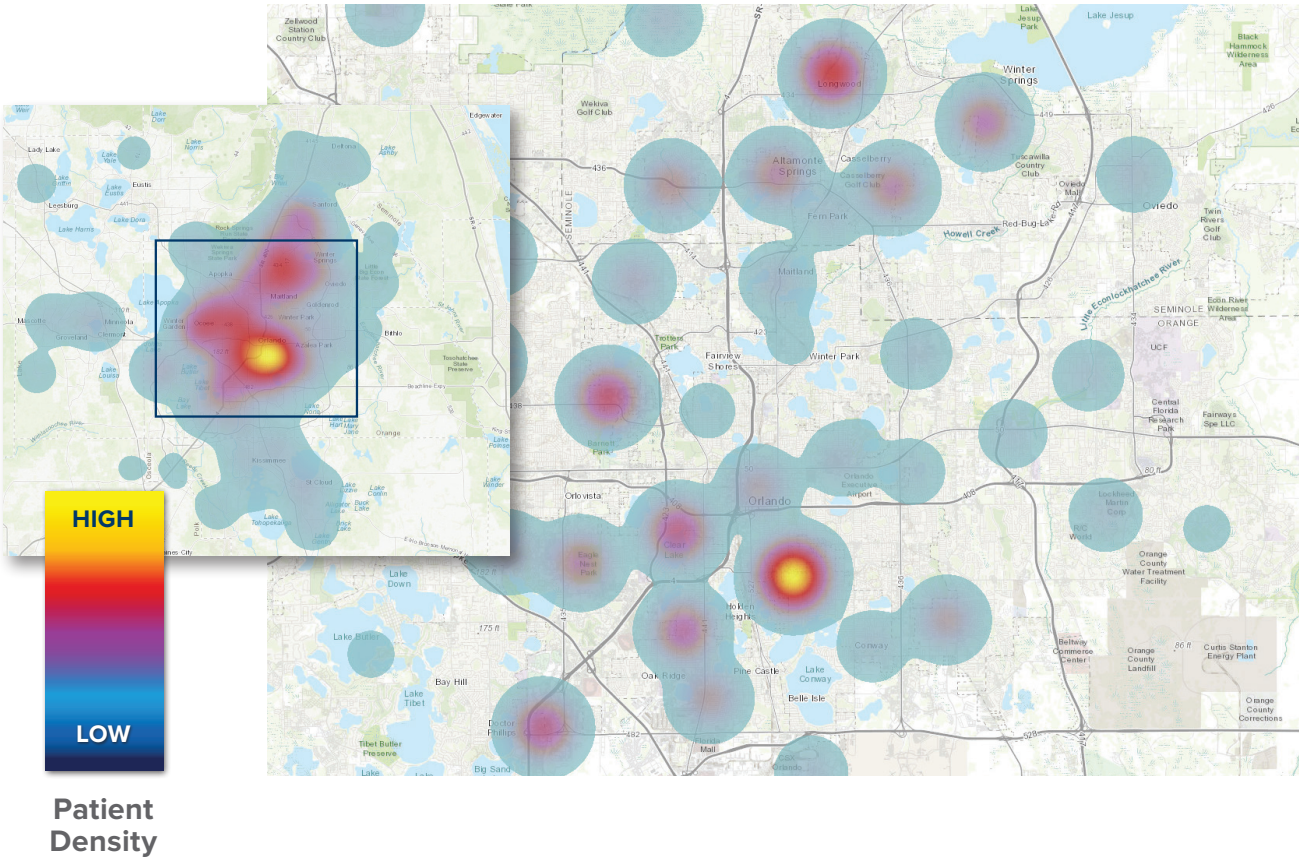


TOP INPATIENT DIAGNOSIS

The following heat map illustrates the locations of the facility's patients presenting with at least one of the most common primary diagnoses (as measured by total inpatient encounters) listed below. The inpatient visit locations were clustered largely in the Conway area. Overall, the top inpatient diagnoses were behavioral health conditions.

Rank	Primary	Count	Total Cost
1	Major depressive disorder, recurrent severe without psychotic features	439	$9,218,418.43
2	Unspecified mood [affective] disorder	336	$7,342,788.66
3	Brief psychotic disorder	274	$7,991,092.39
4	Schizoaffective disorder, bipolar type	230	$9,105,989.16
5	Bipolar disorder, unspecified	222	$5,072,019.43

TOP INPATIENT DIAGNOSIS HEAT MAP

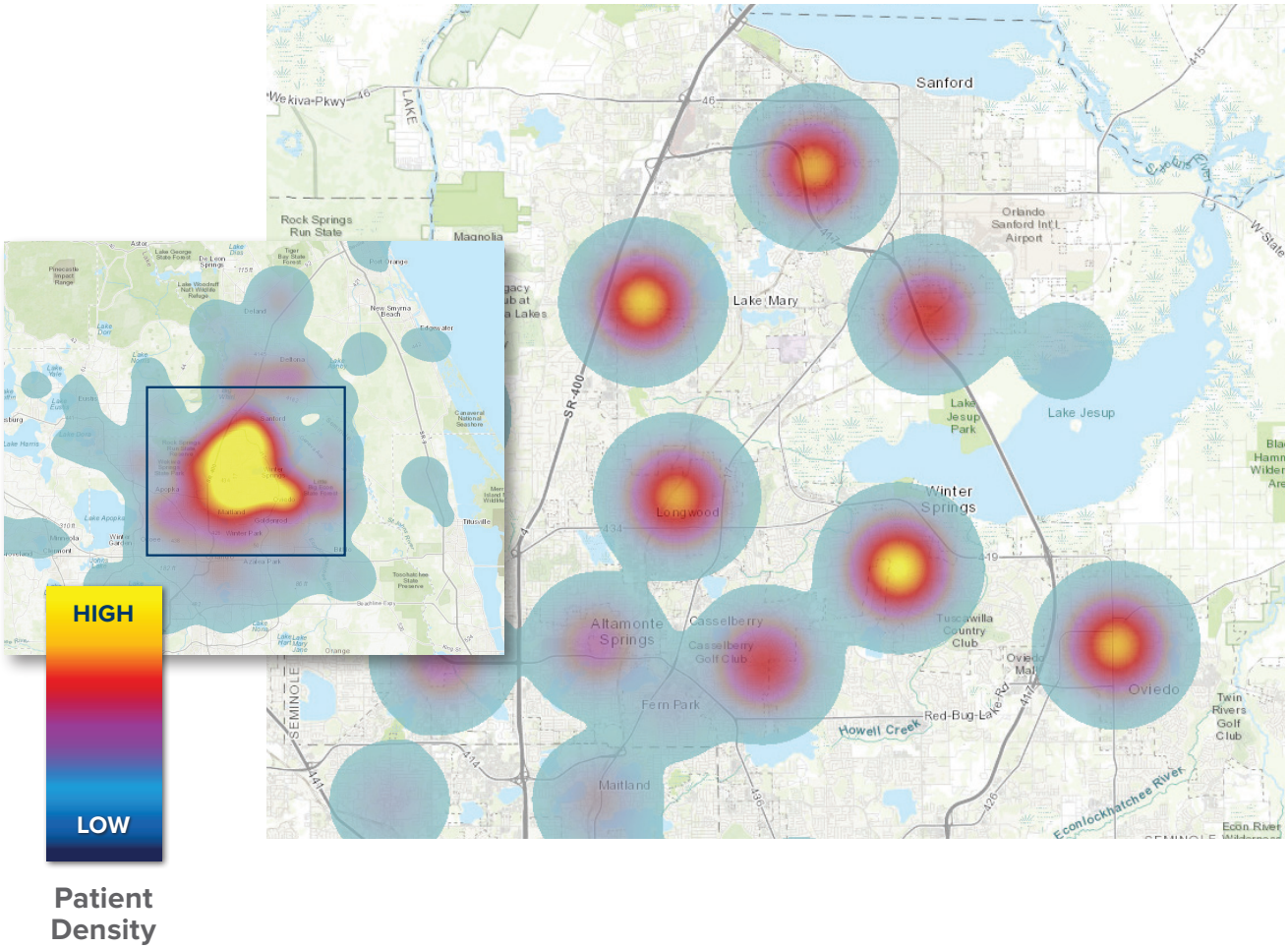


TOP OUTPATIENT DIAGNOSIS

The following heat map illustrates the locations of the facility's patients presenting with at least one of the most common primary diagnoses (as measured by total outpatient encounters) listed below. The outpatient visit locations were clustered largely near Winter Springs and Lake Mary. Overall, the top outpatient diagnoses were hyperlipidemia, hypertension and chest pain. Suicidal ideation was also in the top five primary diagnoses.

Rank	Primary	Count	Total Cost
1	Mixed hyperlipidemia	660	$77,832.30
2	Essential (primary) hypertension	649	$675,193.40
3	Chest pain, unspecified	577	$5,979,949.64
4	Hyperlipidemia, unspecified	569	$65,024.01
5	Suicidal ideations	493	$4,414,034.12

TOP OUTPATIENT DIAGNOSIS HEAT MAP



Race	Count	Ethnicity	Count	Age	Count
White	15,319	Hispanic or Latino	6,055	Under 5	211
Black or African American	5,904	Non-Hispanic/Latino	21,566	5 to 17	799
American Indian or Alaska Native	29	Unknown or not given	922	18 to 24	1,988
Asian	344			25 to 34	7,089
Native Hawaiian or other pacific Islander	14			35 to 44	6,167
Some Other Race	5,686			45 to 54	5,019
Two or more races	74			55 to 64	4,443
Unknown	1,173			65 to 74	2,075
				75 or older	749
				Unknown	3
Total	**28,543**		**28,543**		**28,543**

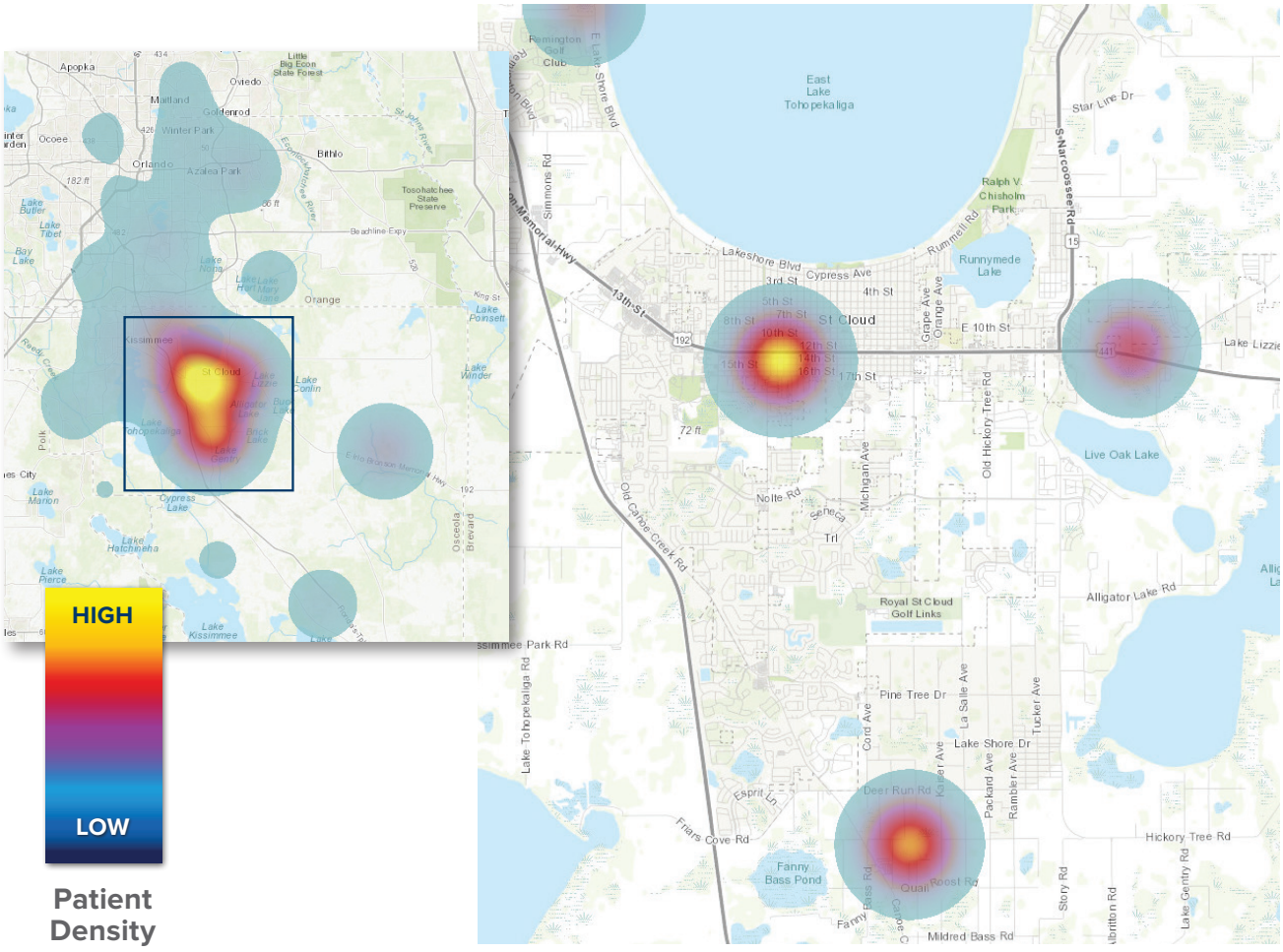
Orlando Health St. Cloud Hospital

OVERALL TOP DIAGNOSIS

The following heat map illustrates the locations of the facility's patients presenting with at least one of the most common primary diagnoses (as measured by total patient encounters) listed below. The patient locations were clustered largely in St. Cloud. Overall, the top primary diagnoses were chest pain, COVID-19 and upper respiratory infection.

Rank	Primary	Count	Total Cost
1	Chest pain, unspecified	293	$5,333,435.91
2	Other chest pain	183	$3,839,980.13
3	COVID-19	164	$2,185,702.55
4	Acute upper respiratory infection, unspecified	153	$852,581.02
5	Headache, unspecified	130	$1,872,163.72

OVERALL TOP DIAGNOSE HEAT MAP

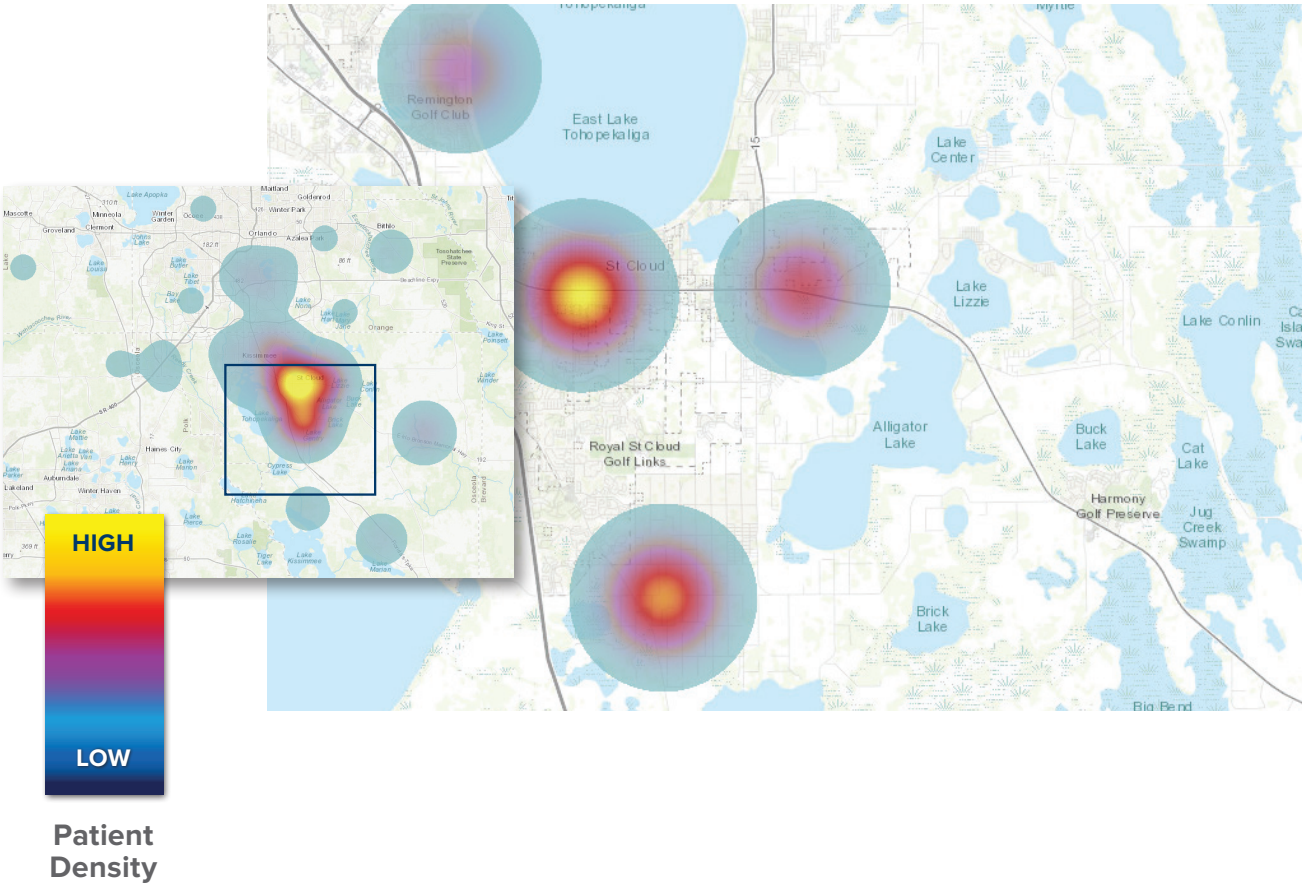


TOP INPATIENT DIAGNOSIS

The following heat map illustrates the locations of the facility's patients presenting with at least one of the most common primary diagnoses (as measured by total inpatient encounters) listed below. The inpatient visit locations were clustered largely near St. Cloud. Overall, the top inpatient diagnoses were sepsis, chest paint and other chronic diseases.

Rank	Primary	Count	Total Cost
1	Sepsis, unspecified organism	99	$8,251,542.14
2	Other chest pain	41	$1,779,151.78
3	Chronic obstructive pulmonary disease with (acute) exacerbation	34	$1,320,518.37
4	Chest pain, unspecified	26	$1,322,806.03
5	Hypertensive urgency	24	$1,531,264.31

TOP INPATIENT DIAGNOSIS HEAT MAP

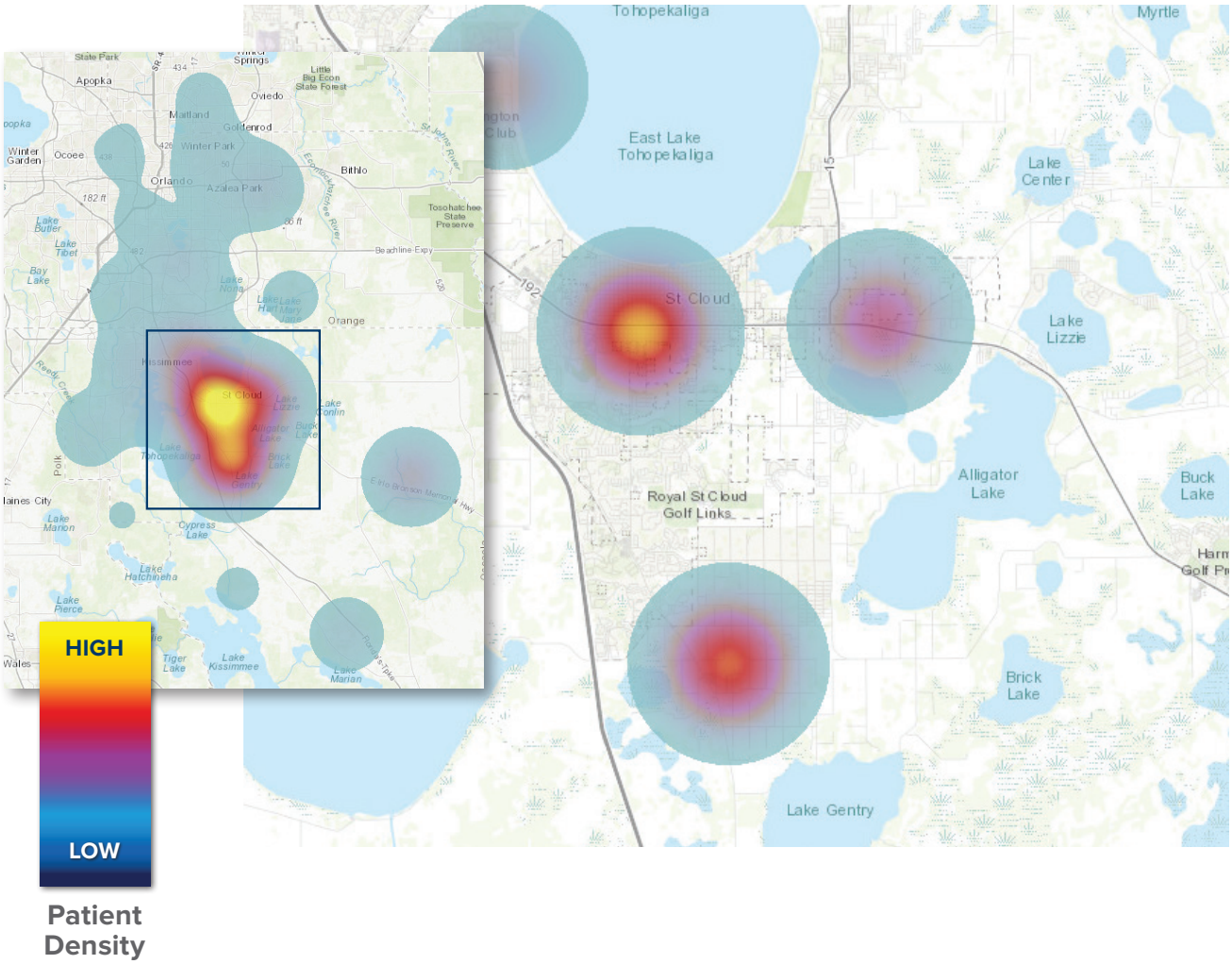


TOP OUTPATIENT DIAGNOSIS

The following heat map illustrates the locations of the facility's patients presenting with at least one of the most common primary diagnoses (as measured by total outpatient encounters) listed below. The inpatient visit locations were clustered largely near St. Cloud. Overall, the top outpatient diagnoses were chest pain, upper respiratory infection and COVID-19.

Rank	Primary	Count	Total Cost
1	Chest pain, unspecified	267	$4,010,629.88
2	Acute upper respiratory infection, unspecified	152	$830,281.62
3	COVID-19	145	$1,108,206.20
4	Other chest pain	142	$2,060,828.35
5	Headache, unspecified	125	$1,545,076.32

TOP OUTPATIENT DIAGNOSIS HEAT MAP



Race	Count	Ethnicity	Count	Age	Count
White	5,634	Hispanic or Latino	3,528	Under 5	118
Black or African American	831	Non-Hispanic/Latino	5,332	5 to 17	449
American Indian or Alaska Native	17	Unknown or not given	387	18 to 24	861
Asian	52			25 to 34	2,377
Native Hawaiian or other pacific Islander	3			35 to 44	2,144
Some Other Race	2,027			45 to 54	1,658
Two or more races	18			55 to 64	1,228
Unknown	665			65 to 74	309
				75 or older	103
Total	**9,247**		**9,247**		**9,247**

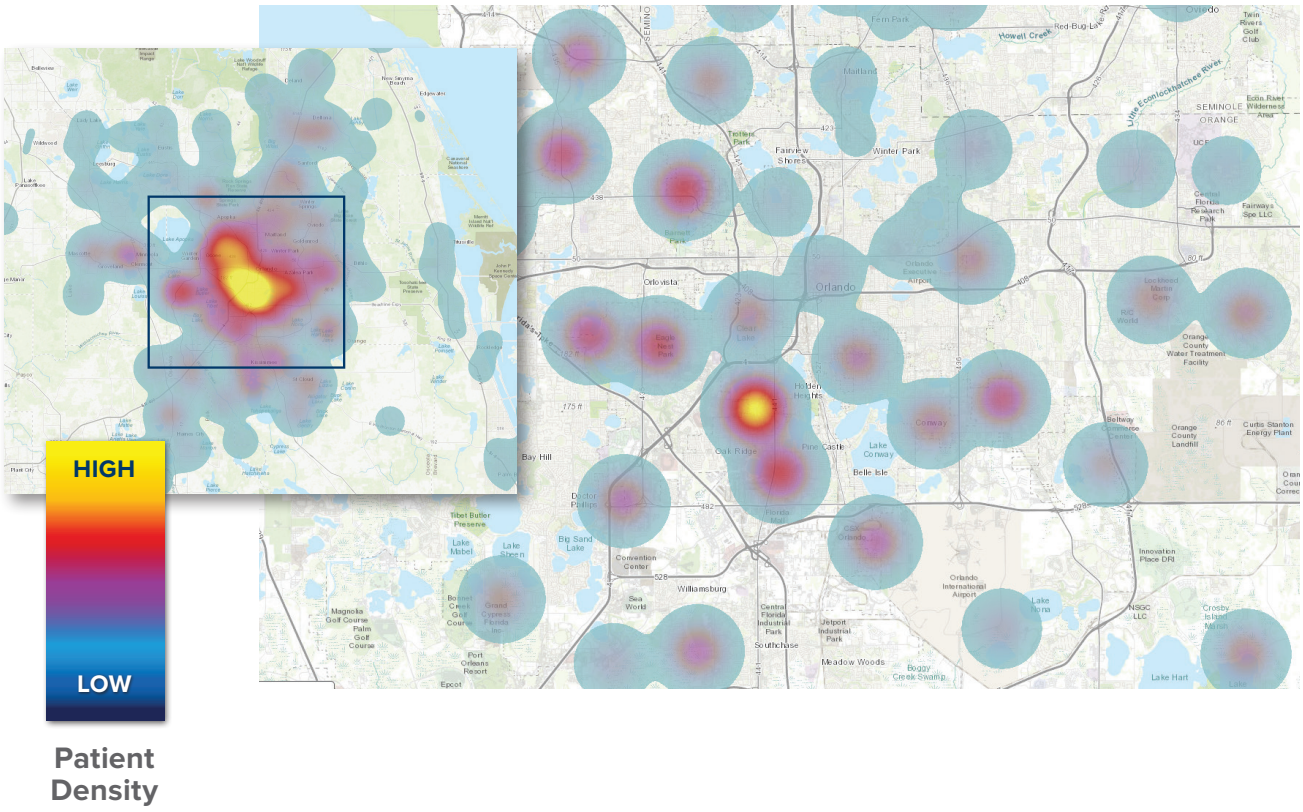
Orlando Health Winnie Plamer Hospital for Women and Babies

OVERALL TOP DIAGNOSIS

The following heat map illustrates the locations of the facility's patients presenting with at least one of the most common primary diagnoses (as measured by total patient encounters) listed below. The patient locations were clustered largely between Holden Heights and Holden Lakes. Overall, the top primary diagnoses were childbirth and other pregnancy-related conditions.

Rank	Primary	Count	Total Cost
1	Single liveborn infant, delivered vaginally	1,499	$26,763,102.80
2	Single liveborn infant, delivered by cesarean	891	$25,443,479.22
3	Signs of miscarriage	372	$1,786,612.52
4	Other specified pregnancy related conditions, second trimester	200	$1,093,919.71
5	False labor at or after 37 completed weeks of gestation	198	$1,253,874.07

OVERALL TOP DIAGNOSE HEAT MAP

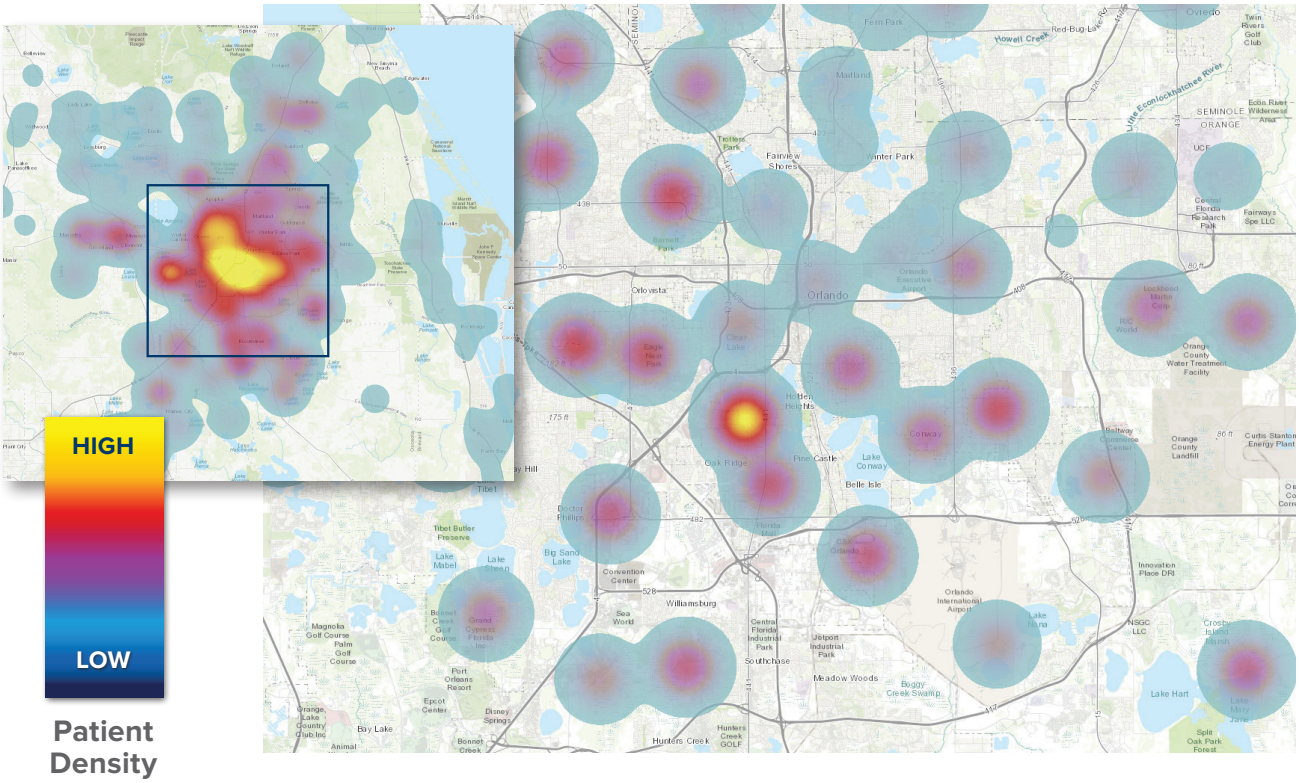


TOP INPATIENT DIAGNOSIS

The following heat map illustrates the locations of the facility's patients presenting with at least one of the most common primary diagnoses (as measured by total inpatient encounters) listed below. The inpatient visit locations were clustered largely between Holden Heights and Holden Lakes. Overall, the top inpatient diagnoses were childbirth and other post-pregnancy care encounters.

Rank	Primary	Count	Total Cost
1	Single liveborn infant, delivered vaginally	1,496	$26,756,794.80
2	Single liveborn infant, delivered by cesarean	891	$25,443,479.22
3	Post-term pregnancy	113	$5,502,112.00
4	Maternal care for low transverse scar from previous cesarean delivery	110	$8,411,043.72
5	Full-term premature rupture of membranes, onset of labor within 24 hours of rupture	79	$4,170,010.95

TOP INPATIENT DIAGNOSIS HEAT MAP

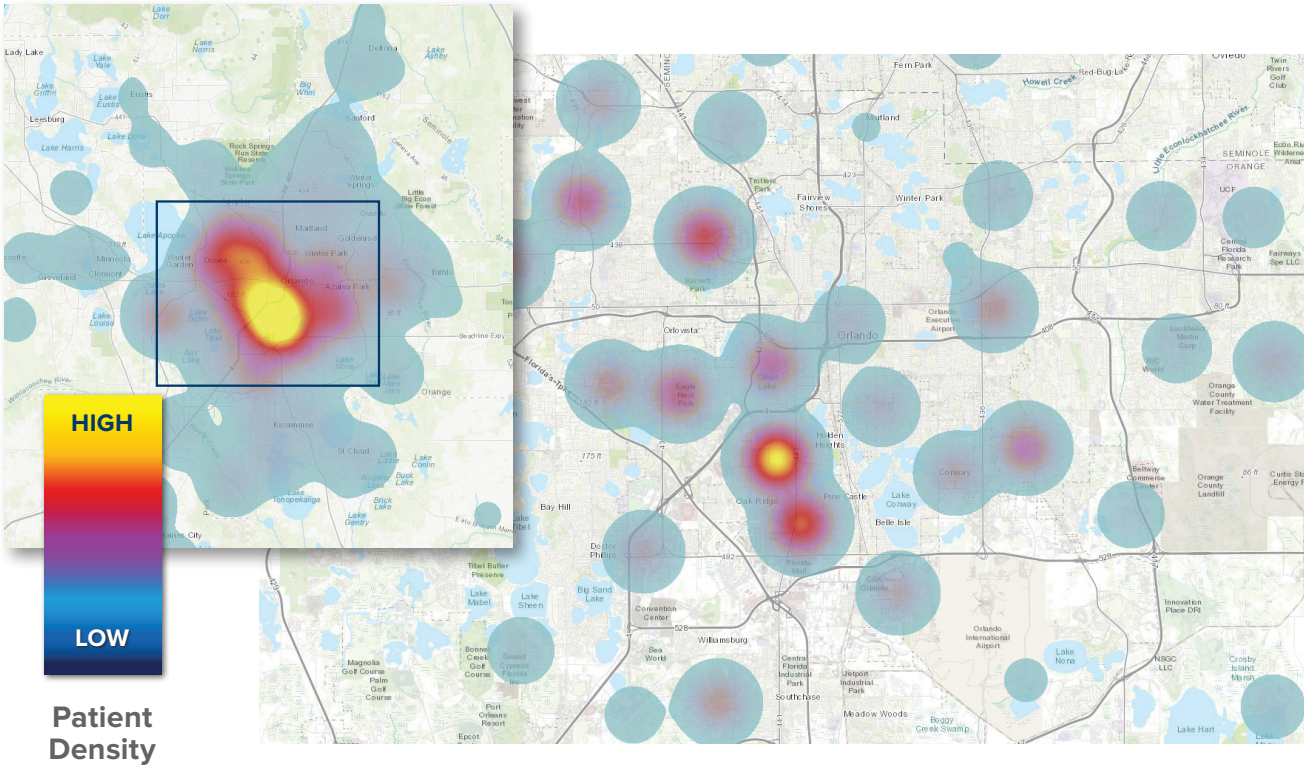


TOP OUTPATIENT DIAGNOSIS

The following heat map illustrates the locations of the facility's patients presenting with at least one of the most common primary diagnoses (as measured by total outpatient encounters) listed below. The outpatient visit locations were clustered largely west of Holden Lakes. Overall, the top outpatient diagnoses were miscarriage and other pregnancy-related conditions.

Rank	Primary	Count	Total Cost
1	Signs of miscarriage	372	$1,786,612.52
2	Other specified pregnancy related conditions, second trimester	199	$1,079,559.71
3	False labor at or after 37 completed weeks of gestation	195	$1,176,612.27
4	Other specified pregnancy related conditions, third trimester	195	$1,359,155.86
5	Other specified pregnancy related conditions, first trimester	189	$937,894.00

TOP OUTPATIENT DIAGNOSIS HEAT MAP



Race	Count	Ethnicity	Count	Age	Count
White	2,357	Hispanic or Latino	4,282	Under 5	2502
Black or African American	2,470	Non-Hispanic/Latino	5,027	5 to 17	43
American Indian or Alaska Native	14	Unknown or not given	235	18 to 24	1193
Asian	196			25 to 34	3332
Native Hawaiian or other pacific Islander	11			35 to 44	2005
Some Other Race	3,947			45 to 54	341
Two or more races	74			55 to 64	89
Unknown	475			65 to 74	30
				75 or older	8
				Unknown	1
Total	**9,544**		**9,544**		**9,544**

Appendix J: CFC Partners' Profiles

AdventHealth

AdventHealth's Central Florida Division encompasses 17 hospitals and ERs in four counties across metro Orlando. The world-class hospitals, combined with a comprehensive outpatient care network, see more than 3.5 million patient visits annually. AdventHealth also has an expansive research portfolio in Central Florida, with more than 650 clinical trials and studies in progress. The organization has a deep commitment to serving the community and has a local financial impact of more than $1 billion annually. AdventHealth and its employees are responsible for nearly 20 percent of Central Florida's economy. The division's flagship campus — AdventHealth Orlando — boasts nationally and internationally recognized programs, and serves as a major tertiary and quaternary referral hospital for much of the Southeast, the Caribbean and Latin America. Quality specialty care is provided through AdventHealth Institutes, which is nationally recognized in numerous specialties. AdventHealth Orlando has been recognized by U.S. News & World Report, Healthgrades, Newsweek and the Leapfrog Group.

AdventHealth Central Florida Division is represented in the Collaborative by AdventHealth Altamonte Springs, AdventHealth Apopka, AdventHealth Celebration, AdventHealth East Orlando, AdventHealth Kissimmee, AdventHealth Orlando, AdventHealth Winter Garden and AdventHealth Winter Park. The AdventHealth system in Central Florida is comprised of 32,693 skilled and compassionate caregivers working in physician practices, hospitals, outpatient clinics, skilled nursing facilities, home health agencies and hospice centers to provide individualized, wholistic care.

Altamonte Springs

AdventHealth Altamonte Springs, a 393-bed acute-care community hospital in Seminole County, was established in 1973 as AdventHealth Orlando's first satellite campus and continues to be the leading health care provider in Seminole County. Hospital services include: 24-hour emergency department, audiology, The Baby PlaceSM, The Breast Imaging Center of Excellence, breast surgery, AdventHealth Cancer Institute, cancer care, AdventHealth Cardiovascular Institute, cardiology, Center for Spine Health, critical care, diabetes, diagnostic imaging (including CT, MRI, ultrasound, nuclear cardiology), digestive health, Eden Spa (image recovery 441 services for oncology patients), general surgery, gynecology, Heartburn and Acid Reflux Center, infusion services, interventional cardiology,

electrophysiology, interventional radiology, minimally invasive and robotic surgery, obstetrics, orthopedics, pain medicine, radiation therapy, rehabilitation and sports medicine, respiratory care, Outpatient Wound & Hyperbaric Center and women's services.

Apopka

AdventHealth Apopka is a 158-bed acute-care community hospital located in Orange County. Since opening in 1975, AdventHealth Apopka offers a wide array of health care services to the local community. Hospital services include: 24/7 emergency department, chapel and meditation garden, diagnostic imaging including CT/DEXA/Mammography/MRI/Ultrasounds, colonoscopy, electrophysiology, endoscopy, gastroenterology, general and interventional cardiology, general surgery, gynecology and gynecological surgery, interventional radiology, laboratory services, medical oncology and infusion center, nuclear cardiology, pediatric-friendly rooms, primary stroke center, pulmonology and critical care, pulmonary rehabilitation, radiology, sports medicine and rehabilitation, respiratory care, robotic surgery, sleep medicine, urology, vascular care and women's center.

Celebration

AdventHealth Celebration, a 357-bed acute-care community hospital located in Osceola County, opened in 1997. It is a leader in innovation and offers cutting edge services in digestive health, cancer, robotic surgery, neonatology, neuroscience, women's and men's health and imaging diagnostics. It has a Center for Interventional Endoscopy, a STEMI center, Magnet Designated X2 and Baby Friendly, and is also a Stroke Designated Center. Additional hospital services include: 24-hour emergency department, 24-hour critical care coverage, level II neonatal intensive care unit, global robotics institute, Center for Advanced Diagnostics with Seaside Imaging, women's center, women's imaging, head and neck surgery program, comprehensive breast health center, primary stroke center designation, level I cardiovascular services designation, fitness center, sports medicine center, joint replacement center, spine center, Nicholson Center For Surgical Advancement, bariatric (weight loss) surgery, obesity medicine, endocrinology, reproductive endocrinology, neurosurgery, neurotology, diagnostic and interventional cardiology, transition clinic, health assessments, occupational medicine, oral surgery, primary care, behavioral health, cardiology, obstetrics/ gynecology, gynecologic oncology, general surgery, thoracic surgery, ENT, neurology, oncology, gastroenterology, advanced gastroenterology (ERCP and EUS), ophthalmology, podiatry, orthopedics, pain medicine, plastic surgery, spine surgery, vascular surgery, robotic surgery, urology, urologic oncology, sleep disorders, diabetes, respiratory, diagnostic imaging, laboratory, observation medicine, nutrition, outpatient surgery, retail pharmacy, inpatient and outpatient rehabilitation, spiritual care, education center, centralized and integrated scheduling, patient tracking, wireless networks, document imaging and telemedicine.

East Orlando

AdventHealth East Orlando, a 295-bed acute-care community hospital located in east Orange County, became part of the AdventHealth system in 1990. It includes residency programs in family medicine, podiatry and emergency medicine, and a hospital-based Center for Medical Simulation and Education. Additional hospital services include: 24-hour emergency department with a dedicated pediatric unit, audiology, AdventHealth Cancer Institute, cardiology, chest pain observation unit, critical care, diabetes, digestive health, endoscopy, home health, medical imaging, oncology unit, orthopedics, outpatient services, pain medicine, pediatric/adolescent and adult rehabilitation, primary stroke center, radiation therapy, seizure monitoring, sleep disorders center, surgery center and women's health pavilion.

Kissimmee

AdventHealth Kissimmee, a 282-bed acute-care community hospital located in north Osceola County, became part of the AdventHealth system in 1993. Additional hospital services include: 24-hour emergency department, 24-hour critical care coverage, DNV accredited primary stroke center, dedicated outpatient endoscopy center, comprehensive health care services: cancer treatment including radiation therapy and chemotherapy, cardiac diagnostics (including diagnostic catheterizations), cardiology, diabetes, gastroenterology, inpatient and outpatient rehabilitation, minimally invasive surgery, neurology, interventional radiology, imaging (digital mammography, MRI, CT, nuclear medicine, ultrasound, diagnostic x-ray), complex wound care management, hyperbaric medicine, endoscopy for gastroenterology and pulmonology, inpatient and outpatient surgery services including breast surgery, colorectal surgery, gastrointestinal surgery, general surgery, gynecologic surgery, hand surgery, orthopedics (joints/revisions), podiatry, urology, vascular surgery and plastic surgery.

Orlando

AdventHealth Orlando, a 1,400-bed acute-care medical center that serves as AdventHealth's main campus in Central Florida, was founded in 1908. It is one of the largest and most comprehensive medical centers in the Southeast and includes AdventHealth for Children and AdventHealth for Women. Hospital services include: 24-hour emergency department, advanced diagnostic imaging center (CT, MRI, PET, meg), audiology, brain surgery, cardiovascular institute, behavioral health, critical care, diabetes institute, digestive health, family practice residency, AdventHealth for Children, cancer institute, center for interventional endoscopy, epilepsy, fracture care center, Gamma Knife® center, general medical/surgical, gynecology, high-risk perinatal care/fetal diagnostic center, home care, hyperbaric medicine and wound care, interventional neuroradiology, kidney stone center, level III neonatal intensive care, maternal-fetal medicine, neuroscience institute, nutritional counseling, obstetrics, occupational health, open heart surgery, organ transplantation (bone marrow, kidney, liver, pediatric liver, pancreas, heart, lung), orthopedic institute, outpatient services,

pain medicine, pediatric hematology/oncology, psychiatry, radiation therapy, radiology, rehabilitation and sports medicine, respiratory care, sleep disorders/diagnosis and treatment, spine surgery, surgical oncology, urology and women's services.

Winter Garden

AdventHealth Winter Garden is an 80-bed acute-care community hospital located in the heart of Winter Garden. In 2016, AdventHealth Winter Garden first opened with 24-hour emergency care, outpatient surgery, and outpatient clinic services. In May 2022, it expanded to become a full-service community hospital. It is a leader in innovative and cutting- edge services in robotic surgery, orthopedics and spine surgery and is a Hernia and Robotics Center of Excellence. Additional hospital services include: 24-hour emergency care, 24-hour critical care coverage, general and diagnostic cardiology, interventional radiology, outpatient surgery, urogynecology surgery, gynecologic surgery, general surgery, inpatient dialysis, observation medicine, inpatient and outpatient rehabilitation, primary care, general and sub-specialty pediatric care, OB/GYN outpatient care, sports medicine, endocrinology, gastroenterology, podiatry, urology, respiratory, laboratory, nutrition, spiritual care and telemedicine.

Winter Park

AdventHealth Winter Park, a 373-bed acute-care community hospital serving the Winter Park community, became part of the AdventHealth system in 2000. The facility began caring for patients in February 1955 when it first opened its doors as Winter Park Memorial Hospital. Hospital services include: 24-hour emergency department, The Baby Place (comprehensive maternity care), Level II Neonatal Intensive Care Unit, Inpatient Rehab, a world-class cancer program, state of the art surgery featuring our daVinci, Mako and Senhance robotic platforms, diagnostic imaging, family medicine residency program and geriatric medicine. AdventHealth Winter Park specialty services include – advanced gynecology, breast care, cardiology, colorectal, dermatology, digestive health, emergency medicine, endocrinology, endoscopy, gastroenterology, general surgery, geriatric medicine, hematology, imaging, internal medicine, nephrology, neurology, obstetrics/gynecology, oncology, ophthalmology, orthopedics, otolaryngology, plastics, podiatry, pulmonology, sports medicine and rehabilitation, surgical services, urogynecology and urology.

Aspire Health Partners

Aspire Health Partners (Aspire), through its comprehensive continuum of integrated services, is committed to ***Saving Lives, Transforming Communities and Changing the World.*** Aspire is one of the largest integrated behavioral health not-for-profit companies in the Southeast. Aspire serves children, adolescents and adults with, or at-risk of developing mental health, substance use and co-occurring disorders and/or HIV/AIDS and Hepatitis Spectrum disease. Aspire's services include services for specialty populations such as pregnant, post-partum women and infants, human trafficking survivors and veterans and their families.

Aspire is a Certified Community Behavioral Health Clinic (CCBHC). The CCBHC designation facilitates integration of primary care services within a behavioral health continuum. In addition to our psychiatric hospital, Aspire also offers: community and school-based prevention and intervention services; outpatient clinical and medical services; adult and adolescent residential treatment; medical detoxification; crisis stabilization; short-term residential, crisis intervention including mobile response teams, HIV/AIDS and Hepatitis education, prevention, testing and overlay services; and supportive housing and homeless support. Aspire also recently developed four Centers of Excellence that are strategically located throughout our Central Florida service area. These centers offer addiction, psychiatric and physical healthcare at one location providing seamless access and service delivery for individuals seeking care.

Aspire is the designated public receiving facility for involuntary mental health commitments in Orange and Seminole counties and operates the only Addictions Receiving Facility for involuntary substance use commitments in Central Florida. Aspire's programs are licensed by the Florida Department of Children and Families (DCF), the Florida Agency for Health Care Administration (AHCA) and are nationally accredited through CARF International.

Aspire's capacity includes:

- 90 Psychiatric Specialty Hospital Beds.
- 87 Crisis Stabilization Unit (CSU) & Short-Term Residential (SRT) Beds.
- 40 Inpatient Detoxification Beds.
- 160 Mental Health/Substance Abuse Residential Treatment Beds for adults.
- 26 Substance Abuse Residential Treatment Beds for adolescents.
- 271 Supportive Housing Beds.

In 2024, Aspire provided direct prevention, intervention, treatment and HIV/AIDS services to almost 35,000 individuals and provided more than 750,000 Individual Direct Services, including almost 93,000 filled prescriptions.

With a team of over 1,300 professionals, more than 50 program sites, serving five Central Florida counties (Orange, Osceola, Seminole, Brevard and Hillsborough), Aspire is able to provide a comprehensive, cost-effective, seamless continuum of integrated behavioral healthcare.

Community Health Centers, Inc.

Community Health Centers, Inc. (CHC) is a private, non-profit, Federally Qualified Health Center (FQHC) that provides healthcare services to insured, uninsured, underinsured and underserved children and adults within Central Florida.

Orange Blossom Family Health

Orange Blossom Family Health (OBFH) is a Federally Qualified Health Center (FQHC) and non-profit organization committed to providing the healthcare needs to the residents of our community in an atmosphere of dignity and respect. Over our 32 years of service to our community, we have grown to address multiple healthcare needs to close gaps in care. To better serve our community, Orange Blossom Family Health offers primary medical care via five locations in Orange and Osceola counties. We are also equipped to provide services via our mobile fleet with 2 mobile dental units and 2 mobile medical units.

Our programs include primary medical care; oral health services; vision services; behavioral health and substance use counseling; on-site pharmacy services; a residential TB shelter; mobile medical and dental services; an aggressive street outreach program - our HOPE Team; and permanent supportive housing.

We are committed and obligated to provide the highest quality of care to all community residents we serve. We treat all patients with a truly caring attitude and are aware of the changing needs of the community and strive to be responsive to those needs. We embrace human differences as bonds, not barriers and believe that quality healthcare should be universally accessible.

ORLANDO HEALTH®

Orlando Health

The Orlando Health healthcare system is one of Florida's most comprehensive private, not-for-profit healthcare organizations with a community-based network of physician practices, hospitals and outpatient care centers throughout Central Florida. As a statutory teaching hospital system, Orlando Health offers the region's only Level One Trauma Center; the area's first heart program; specialty hospitals dedicated to children, women and babies; a major cancer institute; and long-standing community hospitals.

With 3,200 beds, Central Florida facilities include: Orlando Health Arnold Palmer Hospital for Children, Orlando Health Cancer Institute, Orlando Health Dr. P. Phillips Hospital, Orlando Health – Health Central Hospital, Orlando Health Horizon West Hospital, Orlando Health Lake Mary Hospital, Orlando Health Orlando Regional Medical Center, Orlando Health South Lake Hospital, Orlando Health St. Cloud Hospital and Orlando Health Winnie Palmer Hospital for Women and Babies. Areas of expertise include orthopedics, heart and vascular, cancer care, neurosciences, surgery, pediatric orthopedics and sports medicine, neonatology, women's health and trauma.

Orlando Health Arnold Palmer Hospital for Children

Orlando Health Arnold Palmer Hospital for Children is a pediatric teaching hospital and the first facility in Central Florida to provide emergency care for pediatric patients. With 156 beds, Orlando Health Arnold Palmer offers numerous pediatric specialties, including cardiology and cardiac surgery, emergency and trauma care, endocrinology and diabetes, gastroenterology, nephrology, neuroscience, oncology and hematology, orthopedics, rheumatology, pulmonology, and sleep medicine. Orlando Health Arnold Palmer has received national recognition for its programs in orthopedics, pulmonology and cardiology and heart surgery. The hospital offers the most comprehensive heart care in Central Florida for infants, children, and teens with heart disease. Orlando Health Arnold Palmer also has the only Level One Pediatric Trauma Center in the region. The primary service area of Orlando Health Arnold Palmer extends throughout the Central Florida region and into Polk County, southern Brevard County and Volusia County (Deltona).

Orlando Health Dr. P. Phillips Hospital

Located in southwest Orange County, Orlando Health Dr. P. Phillips Hospital is a comprehensive medical and surgical facility that provides a complete continuum of care, including cardiovascular care, critical care, emergency medicine, general surgery and minimally invasive robotic surgery, oncology, orthopedics (advanced total hip and knee replacement) and urology, as well as outpatient services (imaging, lab, rehabilitation and wound care). Orlando Health Dr. P. Phillips also offers a primary stroke center.

The primary service area is southwestern Orange County, including Bay Hill, Dr. Phillips/Sand Lake, Hunter's Creek, Lake Buena Vista, Windermere and west Orlando.

Orlando Health – Health Central Hospital

Orlando Health – Health Central Hospital, located in west Orange County, is a 252-bed full-service medical and surgical facility that provides bariatric surgery, a breast imaging center, colon and rectal care, critical care, emergency services, endocrinology, general surgery and minimally invasive robotic surgery, heart and vascular care, neuroscience and orthopedic care (including spine care), oncology and urology, as well as outpatient services (including imaging, lab, rehabilitation, surgery center and wound care). Orlando Health – Health Central also offers a primary stroke center.

The primary service area is west Orange County, including MetroWest, Ocoee, Pine Hills, South Apopka, Windermere, Winter Garden, and west Orlando.

Orlando Health Horizon West Hospital

Orlando Health Horizon West Hospital, located in in southwest Orange Count, is a 60-bed full-service medical and surgical facility that provides critical care, emergency services, heart care with full cardio-diagnostic capabilities, digestive health, general surgery and minimally invasive robotic surgery, orthopedics and sports medicine and reflux and esophageal disorders, as well as outpatient care (imaging, laboratory and rehabilitation). Orlando Health Horizon West also offers a primary stroke center.

Along with Horizon West itself, the primary service area also includes Oakland, Windermere and Winter Garden, as well areas toward Davenport/Reunion Village where Orange and Polk county lines meet.

Orlando Health Lake Mary Hospital

Orlando Health Lake Mary Hospital, located in Seminole County, is a 124-bed full-service comprehensive medical and surgical acute care facility. This hospital continues Orlando Health's 40-year legacy of serving the residents of Seminole County. Areas of expertise include cardiovascular care, general surgery, orthopedics and women's services, including labor and delivery. A comprehensive, 24-hour ER treats both adults and children from minor to

major conditions. Orlando Health Lake Mary Hospital is a certified Hip and Knee Replacement and Primary Stroke Center from The Joint Commission.

The primary service area is Seminole County.

Orlando Health Orlando Regional Medical Center

Orlando Health Orlando Regional Medical Center (ORMC), located in Orlando, is Orlando Health's flagship medical center with 898 acute care and comprehensive rehabilitation beds. Orlando Health ORMC specializes in trauma, cardiovascular services, orthopedics, neurosciences, gastroenterology, and internal medicine, as well as minimally invasive bariatric surgery. Orlando Health ORMC is home to Central Florida's only Level One Trauma Center and burn unit. The hospital offers other specialty centers, including memory disorders, epilepsy, and the Orlando Health rehabilitation institute. Orlando Health ORMC also is one of the state's top teaching hospitals. Orlando Health ORMC's primary service area extends from Orange County into Lake, Seminole, and Osceola counties. All jurisdictions in Seminole, except for Geneva, are considered in the primary service area. The cities of Kissimmee and St. Cloud (in Osceola), and Clermont and Minneola (in Lake) are included in the service area.

Orlando Health Cancer Institute is a statewide cancer treatment and research program specializing in cancer detection and treatment. It is home to the Marjorie and Leonard Williams Center for Proton Therapy. The Orlando Health Cancer Institute also provides service to the community through its Bone Marrow Transplant and Cellular Therapy Program and the Cancer Genetics and HighRisk Care Center. The Cancer Institute's specific services include genetic counseling, integrative medicine, nutrition services, counseling, and rehabilitation. Although it serves all of Central Florida, the cancer center's primary service area is the entirety of Orange County.

Orlando Health South Lake Hospital

Orlando Health South Lake Hospital is a full-service medical and surgical facility serving Florida's Lake County for more than 75 years. Conveniently located in Clermont, the recently expanded 235-bed hospital offers expertise in numerous areas of specialty, including obstetrics and women's care at the Orlando Health South Lake Hospital Center for Women and Babies, as well as cardiovascular care, minimally invasive and robotic surgery, neurosciences, orthopedics, and emergency care, with recognition as a Primary Stroke Center.

The health and wellness campus offers additional services for the community, including Orlando Health South Lake Hospital Center for Specialty Surgery, SkyTop View Rehabilitation Center, Orlando Health National Training Center and an Orlando Health Cancer Institute location offering diagnostic, treatment and supportive care.

The primary service area is Lake County.

Orlando Health St. Cloud Hospital

Orlando Health St. Cloud Hospital, located in Osceola County, is an 84-bed full-service medical and surgical facility that provides advanced digestive health, comprehensive cardiac care, oncology, orthopedics, outpatient services (imaging, lab, rehabilitation, surgery center and wound care) and women's care. Orlando Health St. Cloud also offers an advanced primary stroke center.

Along with St. Cloud itself, the primary service area includes other eastern Osceola County areas, like Buenaventura Lakes (BVL), Harmony, Holopaw, Kissimmee, and Narcoossee.

Orlando Health Winnie Palmer Hospital for Women and Babies

Orlando Health Winnie Palmer Hospital for Women and Babies is dedicated to the health of women and babies in the Central Florida region. With 350 beds, the teaching hospital is one of the largest birthing hospitals in the nation. Orlando Health Winnie Palmer's Level IV neonatal intensive care unit (NICU) is one of the largest NICUs in the world and the hospital has received national recognition in neonatology. Specialized programs and services that Orlando Health Winnie Palmer offers to mothers and babies include those for high-risk births, neonatal, obstetrics and gynecology, breastfeeding, childbirth and parenting classes, and surgical and specialized care. The extent of the primary service area of this facility extends to all jurisdictions in Orange, Seminole, except for Geneva, as well as the cities of Kissimmee and St. Cloud (Osceola County) and Clermont and Minneola (Lake County).

Osceola Community Health Services

Osceola Community Health Services

Osceola Community Health Services is a Federally Qualified Health Center (FQHC) serving families with a Primary Care Medical Team Model that focuses on patients' total health. Our high-quality, accessible, affordable and integrated healthcare includes family medicine, pediatrics, maternity care, women's health, dental, behavioral health, men's health, HIV care, labs and pharmacy services. Our ten clinics, mobile medical/dental units, referral management, as well as our telehealth capabilities give us the flexibility to serve patients with a more holistic approach.

True Health

True Health is a private, non-profit 501 (c)(3) federally qualified health center (FQHC) that has served low-income, uninsured, underinsured and underserved populations in Central Florida since 1977 and operates ten locations within Orange, Seminole and Volusia counties.

Appendix K: Progress Since Prior CHNA

AdventHealth

Since the last CHNA, AdventHealth has deepened its investment in community impact initiatives that address affordable housing, workforce development, and mental and behavioral health across Central Florida.

To combat housing instability and reduce legal barriers, AdventHealth partnered with the Christian Service Center, where 474 individuals received legal counsel and 834 legal cases were addressed. As a result, 163 individuals successfully resolved their civil legal issues, and 76 individuals either reduced their risk of homelessness or were referred to case management. This partnership prevented evictions, stabilized families, and strengthened health outcomes by ensuring secure housing—an essential foundation for wellness.

In the area of workforce development, AdventHealth collaborated with Second Harvest Food Bank to offer culinary and job-readiness training. The program enrolled 177 individuals, with 65% completing training and 35 securing employment—including 3 graduates hired directly by a culinary partner. This initiative broke down employment barriers often linked to housing insecurity and created pathways toward long-term stability and self-sufficiency.

AdventHealth also advanced mental and behavioral health priorities through a network of trusted partners across the Tri-County area. These partners include Simeon Resource & Development Center, New Image Youth Center (NIYC), Wellness and Health Healing (WHH), S.A.L.T. Outreach, and MAN UP Mentoring. Collectively, these efforts directly served over 6,600 individuals, with outcomes including:

- 1,268 individuals educated on mental health and available resources
- 1,178 youth supported through mobile counseling
- 3,499 individuals accessed mental health services
- 174 individuals retained housing and 109 were diverted into housing through S.A.L.T. Outreach
- 30 youth engaged in virtual reality therapy pilots through MAN UP Mentoring

Together, these efforts illustrate AdventHealth's commitment to addressing social drivers of health through targeted, data-informed community partnerships.

ASPIRE HEALTH

Aspire Health Partners

Focusing on the priorities identified in the 2022 CHNA, Aspire Health Partners has worked tirelessly to address Workforce Development issues, incorporating Integrated Health Care into all core services, and increasing system capacity. The table below highlights the selected goals and outcomes achieved during this period.

Outcome Goals					Outcome Measurements		
CHNA Priority	**Aspire Value Driver**	**Outcome Statement**	**Strategic Goals**	**Outcome Metrics**	**Year 1 Baseline**	**Year 2 Outcome**	**Year 3 Outcome**
Increase system capacity	Workforce Development	Aspire will be recognized as a premier employer in mental health, wellness and SUD service	Attract, Develop and Retain Top Talent	Aspire will target staff reflective of the community it serves	895	92.0%	90.5%
Recruitment and retention of informed providers	Aspire firmly believes that it is important to have a healthcare workforce which represents the tapestry of our communities to render the best possible care to our patient population.						
Enhancing mental health, substance abuse, outreach and treatment	Growth	Aspire will optimize opportunities to evaluate and close service gaps	Achieve SMART Growth	Aspire will develop and implement a plan to enhance timely access to services	55.0%	75.0%	109.0%
Mental Health / Behavioral Health outpatient service capacity	Aspire will employ an integrated care management model. Transitioning core services to this integrated healthcare approach will enhance access to services and improve the quality of care.						
Streamline access to care	Stakeholder and consumer loyalty	Aspire will develop and implement a plan to enhance timely access to care	Optimize Customer Service	Aspire will target the high rates of comorbidity	159,644	111,928	85,412
Access to free or low-cost healthcare for all residents	Aspire will address the needs of the community by increasing system capacity; providing screening, monitoring and treatment of chronic health conditions, and enhancing mental health and substance use disorder treatment by integrating culturally appropriate primary care services.						

ORLANDO HEALTH®

Orlando Health

Over the past three years, Orlando Health has focused on addressing the top needs from the 2022 CHNA through creating new programs and partnerships, as well as funding local organizations who are embedded in and trusted by the community to provide resources.

To address the growing need for enhanced mental health outreach and treatment, Orlando Health launched several initiatives and partnered with local organizations to expand access to behavioral health resources. Two programs Orlando Health implemented throughout Central Florida are Mental Health First Aid and Opioid Outreach Coordinators.

Mental Health First Aid, taught using a curriculum from the National Council of Mental Wellbeing, focuses on reducing stigma around mental health by providing training to community members to give them the skills and confidence to provide initial support to someone in mental health crisis until they are connected with the appropriate professional help. Classes are taught in-person or virtually by Orlando Health team members and are offered for free to the community.

In an effort to reduce the number of substance use overdoses and deaths, Orlando Health established the Opioid Outreach Coordinator program. Serving emergency departments throughout the Orlando Health system, the coordinators collaborate with clinical teams to identify patients who are suspected of substance misuse and who are most likely to benefit from care coordination services. The coordinator is responsible for appropriate referrals to treatment, following up with patients engaged in treatment and providing additional resources to the patient and/or family, if needed. The program prioritizes meeting patients where they are at in their recovery journey, offering a full spectrum of resources from education and Narcan to assisted enrollment in detox centers or Medication-Assisted Treatment.

Since the last CHNA, the Orlando Health system implemented a social driver of health screening to identify areas outside of medical care where our patients needed additional resources. To support better access to care through community collaboration, Orlando Health invested in and implemented Findhelp, an online referral system that seamlessly connects our community with essential social and health services, including financial assistance, food pantries, medical care and other free or reduced-cost resources. With the integration of Findhelp into Orlando Health's electronic health record, our physicians and team members now have easy access to Findhelp's extensive network of programs and resources — empowering them to provide comprehensive support for every patient.

To increase access to care, Orlando Health provided funding and/or partnership support to community partners like Community Health Centers for dental services, the Foundation for

Orange County Public Schools for a nurse practitioner to provide free services for students and families onsite at a local high school, the Center for HIV Outreach, Libby's Legacy Breast Cancer Foundation for cancer screening and mammogram access, the Midwife Bus for perinatal services, Orange Blossom Family Health for vision and dental services, Osceola Community Health Services for their mobile medical and dental unit, Camaraderie Foundation for mental health services for veterans and their families, IMPOWER for adolescent intensive outpatient care, Quest for therapy services and True Health for their mobile health unit, among others. Each community partner brings unique expertise, insight and trust within the populations they serve — qualities that are essential to creating lasting impact.

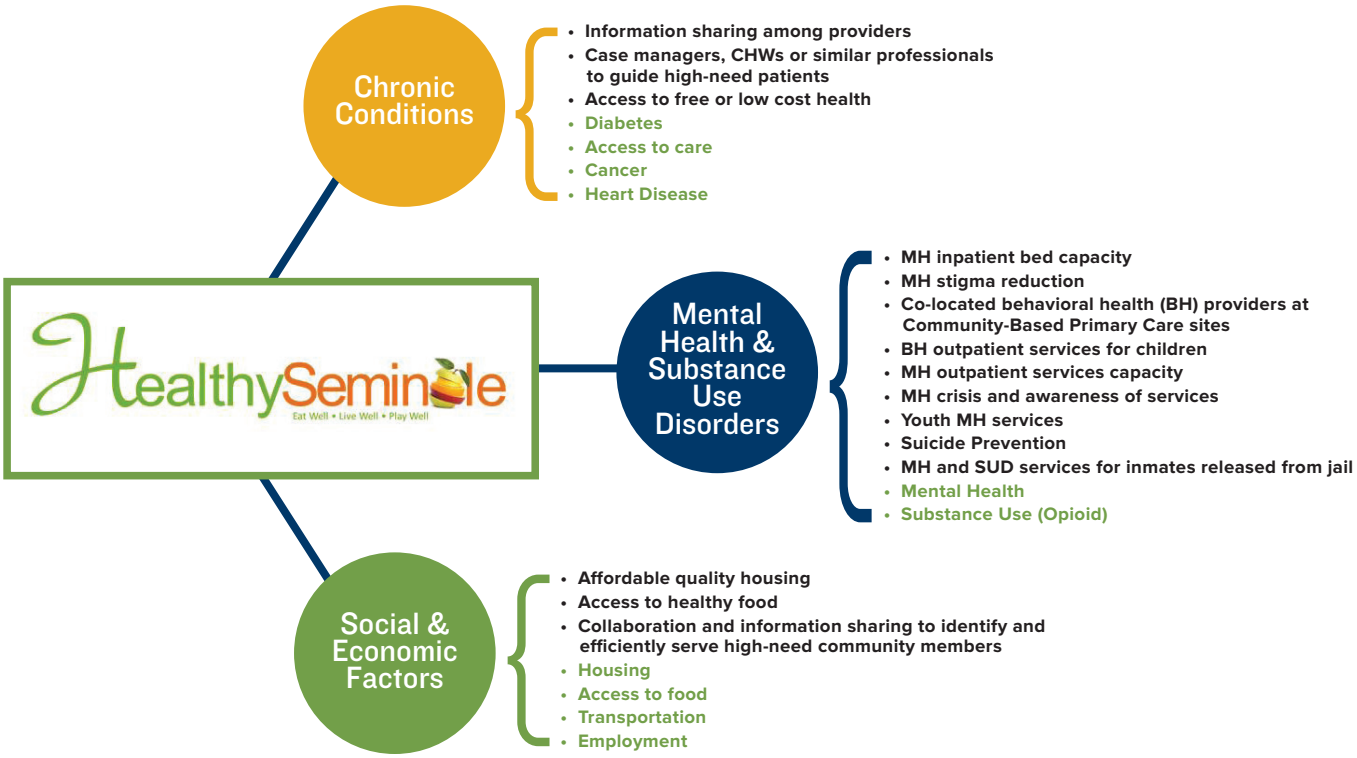
The progress made over the past three years highlights Orlando Health's strong commitment to addressing the most pressing needs of our community. From launching new mental health initiatives to funding essential health services through trusted local partners, Orlando Health has taken deliberate, impactful steps to expand access to care and create critical resources for our community.

As part of the IRS regulations regarding compliance with CHNA-related requirements, Orlando Health has not received any feedback since the previous (2022) CHNA. Orlando Health implemented a process to collect community feedback from the previous CHNA(s) through a comment section available on the Orlando Health website. In addition, the qualitative work conducted while generating this CHNA reflected community insight on needs identified in the previous CHNA.

Seminole County Community Health Improvement Plan Milestones

As a result of the 2022 CHNA, 15 strategic health issues were identified for Seminole County. Health issues and additional data from the report was used to inform the community conducting three additional focus groups and prioritization exercises in the cities of Altamonte Springs, Oviedo and Sanford. Both health issues from the 2022 CHNA and additional focus groups were prioritized by the Healthy Seminole Collaborative members, resulting in three priority areas (see diagram below). Three subcommittees were formed to address each strategic priority and action plans were developed to establish accountability towards obtaining measurable health improvements and quality outcomes.

Seminole County Community Health Improvement Plan (CHIP) Priorities



Note: 2022 Seminole County Community Health Needs Assessment Top 15 Granular Needs
2023 Community Focus Top Ten Identifed Community Priority Areas

Through the dedicated work of community partners, the Healthy Seminole Collaborative has contributed to achieve great outcomes in the past years. One major accomplishment was to be among the top 500 Healthiest Communities ranking in the nation[146]. Seminole County occupied #280 in the ranking, being the second healthiest county among the only three Florida counties (St. Johns #104, Seminole #280, and Sarasota #465) included in the list. The rankings are based on 92 metrics across 10 categories, including economy, education, housing, and population health.

In addition, among 74 objectives and activities established in the Community Health Improvement Plan (CHIP), 93% have been either completed or on track. The accomplishments by identified priority area are described below.

Priority 1: CHRONIC CONDITIONS

CC Goal 1: Promote the attainment and maintenance of health through nutrition, physical activity, and supportive lifestyle behaviors.

[146] *U.S. News & World Report. (2024). Healthiest communities rankings. Retrieved from https://www.usnews.com/news/healthiest-communities/rankings*

CC Goal 2: Expand access to preventive and self-management services for chronic conditions.

Accomplishments:

- ✓ 78% of the food distributed by the Second Harvest Food Bank (SHFB) to partner food pantries in Seminole County were ranked yellow and green according to the Supporting Wellness at Pantries (SWAP) ranking system which includes healthier food options, surpassing target goal of 75%.
- ✓ Between True Health and the Florida Department of Health in Seminole County (DOH-Seminole) Community Integrated Mobile Health Services (CIMHS) reported conducting 9,092 A1c tests in 2024. Increase of 1% compared to 9,021 in 2023.
- ✓ SHFB, UF/IFAS extension Seminole County, and DOH-Seminole organizations reported conducting a total of 147 nutrition education classes to Seminole county residents. Some of the priority populations reached through these classes were Elementary school age children, people diagnosed with Diabetes and people living in low-income areas.
- ✓ UF/IFAS extension Seminole county added a cardiovascular program to the list of services provided.
- ✓ The Breast and Cervical Cancer Early Detection program reported providing a total of 245 of cancer screening referrals for mammograms and pap smears.
- ✓ Identified the Cross Seminole Trail Overpass as a location to host a health awareness event to educate and to connect Seminole County community with trail network to promote physical activity.
- ✓ The DOH-Seminole CIMHS reported conducting 880 screenings accompanied by preventive education and provider referrals according to patient's screening results.
- ✓ The Seminole County Government TV (SGTV) resumed partnership with DOH-Seminole to produce the Healthy Seminole Show to increase awareness of CHIP priorities while highlighting local organizations supporting healthy behaviors or providing services to improve the health of Seminole County residents. Two shows have been produced, one related to mental health stigma in November 2024 with 195 views in 5 months and another on physical activity and pedestrian safety aired in April 2025 with 113 views in three weeks.

Priority 2: MENTAL HEALTH AND SUBSTANCE USE DISORDERS

MH Goal 1: Prioritize and improve overall wellness by increasing awareness and promoting community resilience for mental, emotional, and behavioral health.

MH Goal 2: Prioritize and improve overall wellness by increasing awareness and promoting community resilience for process and substance use disorders.

MH Goal 3: Increase Seminole County resident access to community services through collaborative partnerships.

MH Goal 4: Increase Seminole County incarcerated resident access and participation in Seminole County Problem Solving Courts.

MH Goal 5: Enhance Diversion Programs for Adults who without intervention could qualify for State Hospitalization.

MH Goal 6: Enhance Juvenile Diversion and Treatment Services

Accomplishments:

- ✓ Increased by 42% the number of outreach events provided with Mental Health focus compared to 90 in 2023.
- ✓ Increased by 61% the number of outreach events provided with Substance/Process Disorders focus compared to 114 in 2023.
- ✓ A total of 127 individuals involved in the criminal justice system accessed treatment solutions through inclusion in the problem-solving courts surpassing target of 80 individuals.
- ✓ A total of 30 individuals participated in the Veteran's court surpassing target of 25 individuals.
- ✓ A total of 45 individuals participated in the Mental Health court surpassing target of 25 individuals.
- ✓ A total of 47 individuals were provided wrap around services through the Reinvestment Grant deterring them from State Hospitalization surpassing goal on 14 individuals.
- ✓ A total of 34 individuals were provide prevention programming through the evidenced-based practice SNAP (Stop Now and Plan) surpassing target of 20 individuals.
- ✓ A total of 34 individuals were provide mental health and substance abuse intervention services through the SNAP program model surpassing target of 25 individuals.
- ✓ Reduced the percentage of Juvenile Program participants were arrested while receiving SNAP services from 25% to 5.8%.
- ✓ Reduced the percentage of Juvenile Program participants civil citations received while receiving SNAP services from 2.9% to 1.4%.
- ✓ Recovery Connections of Central Florida whose mission is to empower those in recovery through personalized peer-led guidance, expanded capacity with a second center located in Seminole County.

- ✓ In 2024, DOH-Seminole hosted the first Revive Awareness Day event with a press conference and community health fair. State and local leaders as well as vendors were present to raise awareness of the dangers of opioid overdose and the availability and safe use of opioid antagonists as an effective way to rapidly reverse the effects of opioid overdose.

Priority 3: SOCIAL AND ECONOMIC FACTORS

SEF Goal 1: Increase awareness about quality services that empower Seminole County residents to make informed decisions that support the attainment of optimal health.

SEF Goal 2: Strengthen partnerships.

SEF Goal 3: Decrease a gap in infant health outcomes.

Accomplishments:

- ✓ A total of 23 new members from 18 different organizations have joined the Collaborative in the past year surpassing goal of at least 5 annually.
- ✓ Between July and November 2024, the Vision Zero Safety Action Plans to reduce number of fatal accidents to zero for Seminole County have been completed and adopted by the 7 cities. In addition, a dedicated website was launched, including a Dashboard providing crash data available in the region. To access the dashboard, click on the following link https://www.visionzerocfl.gov/pages/regional-vision-zero-data-dashboard.
- ✓ The Fetal Infant Mortality Review (FIRM) Community Action Group (CAG) lead by the Healthy Start Coalition of Seminole County, completed the items established for the 24-25 action plan by conducting the following activities:
    - Participating in 30 community events.
    - Hosting four parenting education series to learn about the importance of pediatrician visits.
    - Hosting a Safe Sleep event at the AdventHealth Altamonte Springs hospital.
    - Hosting four Childbirth education on the importance of safe sleep practices and sudden unexpected infant death syndrome (SUIDS).
    - 100% of the 24 identified OBGYN/Midwife office received a total of 560 bags to be distributed among their clients with education on prenatal care and fetal movement counts.
    - Additional 635 Safe Sleep welcome bags were distributed to appropriate population through locations in Seminole County serving mothers and infants.

- ✓ A Doula training was provided to 20 participants who learned how to support birthing people and families through every stage of pregnancy, childbirth, and the postpartum period. Two of the trainees obtained their certification.
- ✓ Started the Cradle Seminole Every Baby Every Day nurse home visiting program that aims to improve access to maternal and infant care for families; the program offers personalized care to each participant through education, referrals and monitoring infant growth and development up to 2 years of age. The first Cradle Seminole family was enrolled in February 2024 with referrals from the Healthy Start Coalition of Seminole County and Family First. The program has served a total of nine moms and their babies.
- ✓ The Sharing Center and Rescue Outreach Mission two non-profit organizations serving un-housed population in the county among other wrap around services, were invited to discuss homelessness challenges in Seminole County at Seminole Chamber of Commerce Good Morning Seminole event where local business owners and county leaders learned more about the issue.
- ✓ The Seminole County Government Community Services Department released two relevant documents related to affordable housing listed below:
    - The FY 2024-2025 annual action plan which identifies projects and programs that will be funded by the Community Development Block Grant (CDBG), HOME Investment Partnership (HOME), and Emergency Solutions Grants (ESG). The plan objectives are to increase access to affordable housing, increase access to public services, improve access to public facilities/infrastructure, and increase access to homeless prevention services program administration. Document can be accessed online at this web address https://www.seminolecountyfl.gov/core/fileparse.php/30/urlt/FY24-25-SeminoleCounty-Annual-Plan-APPROVED-ADA-002.pdf
    - The 2023-2025 Affordable Housing Incentives report presented by the Seminole County Affordable Housing Advisory Committee provides a list of incentives and recommendations to the Florida Housing Finance Corporation and local governing board that can be used to foster increased development of affordable housing throughout Seminole County. Document can be accessed online at this web address https://www.seminolecountyfl.gov/core/fileparse.php/20/urlt/2023-2024-AHAC-Incentives-Report-ADA.pdf
- ✓ By the end of 2024, Habitat for Humanity hosted 12 workshops for future homebuyers to foster healthy and affordable housing opportunities for Seminole County residents. A total of 252 people participated in the workshops. In addition, a total of 360 Financial Academy participants received financial education during a six-week period, to learn how to be financially prepared when buying a house.

Appendix L: Community Resource List

For an up-to-date list of resources in your community, please visit: Findhelp.org

Basic Needs Assistance		
Organization	**Contact Information**	**Services Overview**
Arab American Community Center	407-985-4550 aaccflorida.org	Eligibility/Insurance, employment Services, Immigration/Refugee Services, Legal Services, Abuse, Domestic Violence
Catholic Charities of Central Florida	407-658-1818 cflcc.org	Access to Care, Behavioral Health, Emergency Services, Immigration/Refugee Services, Human Trafficking Services, Elder Services
Center for Multicultural Wellness and Prevention	407-648-9440 cmwp.org	Housing and Homeless Services, HIV/AIDS, Mental Health, Access to Care, Chronic Disease
Christian Service Center of Central Florida	407-425-2523 christianservicecenter.org	Food Assistance, Housing and Homeless Services, Emergency Services
Community Hope Center	321-677-0245 hope192.com	Housing and Homeless Services, Employment Services, Food Assistance, Legal Services
Harvest Time International	407-328-9900 harvesttime.org	Food Assistance, Emergency Services
Heart of Florida United Way	407-835-0900 hfuw.org	Resource Connection
Second Harvest Food Bank of Central Florida	407-295-1066 feedhopenow.org	Food Assistance
The Salvation Army	407-423-8581 salvationarmyorlando.org	Housing and Homeless Services, Emergency Services
The Sharing Center	407-260-9155 thesharingcenter.org	Food Assistance, Housing and Homeless Services
United Against Poverty Orlando	407-650-0774 communityfoodoutreach.org	Emergency Services, Mental Health, Education, Food Assistance

Florida Department of Health		
Organization	**Contact Information**	**Overview**
Florida Department of Health in Lake County	352-589-6424 Lake.floridahealth.gov	Cancer, Dental, Women's Health, HIV/AIDS, STI, Primary Care, Immigration/ Refugee Services, Chronic Disease, Child Services
Florida Department of Health in Orange County	407-858-1400 orange.floridahealth.gov	Cancer, Dental, Women's Health, HIV/AIDS, STI, Primary Care, Immigration/ Refugee Services, Chronic Disease, Child Services
Florida Department of Health in Osceola County	407-343-2000 osceola.floridahealth.gov	Family Planning, Breast and Cervical Cancer Screening, Hepatitis, HIV/AIDS, STI, Refugee Health, Chronic Disease Prevention Education
Florida Department of Health in Seminole County	407-665-3000 seminole.floridahealth.gov	Cancer, Dental, Women's Health, HIV/AIDS, STI, Primary Care, Immigration/ Refugee Services, Chronic Disease, Child Services

Federally Qualified Health Center (FQHC)		
Organization	**Contact Information**	**Overview**
Community Health Centers	407-905-8827 chcfl.org	Primary Care, Behavioral Health, Women's Health, Dental, Pediatric Care, Laboratory, Optometry/Vision
Orange Blossom Family Health	(407) 428-5751 obfh.org	Primary Care, Pediatrics, Dental, Behavioral Health
Osceola Community Health Services	407-943-8600 https://www.osceolahealthcare.org	Eligibility/Insurance, Women's Health, Primary Care, Dental
True Health	mytruehealth.org 407-322-8645	Primary Care, Pediatric Care, Women's Health, Eligibility/Insurance, Laboratory, Dental

Children and Youth Organizations		
Organization	**Contact Information**	**Overview**
Boys and Girls Clubs of Central Florida	407-841-6855 bgccf.org	Youth Engagement
Boys Town Central Florida	407-588-2170 Boystown.org/locations/central-Florida/programs	Housing and Homeless Services (Youth), Mental Health (Youth)
Central Florida Urban League	407-842-7654 cful.org	Youth Engagement
Children's Home Society of Florida	407-846-5220 chsfl.org/	Child Services, Mental Health
Department of Children and Families	1-800-962-2873 reportabuse.dcf.state.fl.us	Report child abuse, child services
Embrace Families	321-207-8200 embracefamilies.org	Child Services
Give Kids the World	407-396-1114 gktw.org	Children with critical illnesses and their families
Healthy Start Coalition	Lake - healthystartlake.org Orange: healthystartorange.org Osceola - healthystartosceola.org Seminole: healthystartseminole.org	Education and care coordination to pregnant women and families of children under the age of three
Kids House	407-324-3036 kidshouse.org	Abuse (Child), Mental Health (Youth), Child Services
New Hope for Kids	407-331-3059 Newhopeforkids.org	Mental Health, Grief Counseling, Children with critical illnesses
YMCA of Central Florida	407-896-9220 ymcacentralflorida.com	Youth Engagement
Zebra Coalition	407-228-1446 zebrayouth.org	Housing and Homeless Services, Mental Health for youth ages 13-24 LGBTQ+

Mental & Behavioral Health		
Organization	**Contact Information**	**Overview**
Aspire Health Partners	407-245-0045 aspirehp.org	Mental Health, Substance Use, HIV/AIDS
Devereux	1-800-338-3738 Ext. 77130 devereux.org	Mental Health, Substance Use, Chronic Disease (Diabetes), Child Services
IMPOWER	407-304-3444 impowerfl.org	Child Services, Mental Health (Youth), Behavioral Health (Youth)
Mental Health Association of Central Florida	407-898-0110 mhacf.org	Substance Use, Mental Health
National Alliance on Mental Illness (NAMI)	407-253-1900 namiflorida.org	Mental and Behavioral Resources
Orlando Behavioral Health	orlandobehavioral.com	Mental Health, Substance Use
Park Place	407-846-0068; 407-846-0023; 321-402-0690 ppbh.org	Mental Health, Substance Use

Life Skills/Job Training		
Organization	**Contact Information**	**Overview**
Adult Literacy League	407-422-1540 adultliteracyleague.org	Education
Career Source of Central Florida	407-531-1222 careersourcecentralflorida.com	Employment Services
Center for Independent Living	407-623-1070 cilorlando.org	Disabled Adults, Employment Services
Central Florida Employment Council	407-834-4022 cfec.org	Employment Services
Division of Vocational Rehabilitation	407-846-5260; 407-897-2725 rehabworks.org	Employment Services, Disabled Adults
Employ Florida	1-800-438-4128 employflorida.com	Employment Services
Goodwill Industries of Central Florida, Inc.	407-857-0659 goodwillcfl.org	Employment Services, Education

Clinics and Other Healthcare Providers		
Organization	**Contact Information**	**Overview**
Grace Medical Home	407-936-2785 gracemedicalhome.org	Primary Care, Dental, Mental Health, Laboratory, Chronic Disease, Housing and Homeless Services
Healthcare Access Alliance	407-952-9233 healhaccessall.org	Primary Care, Resource Connection
Hispanic Health Initiatives	386-320-0110 hhi2001.org	Chronic Disease (Diabetes), Food Assistance, Cancer, Primary Care
Hope and Help Center of Central Florida	407-645-2576 hopeandhelp.org	HIV/AIDS, STI, Primary Care
Planned Parenthood	407-246-1788 plannedparenthood.org	Women's Health, HIV/AIDS, STI
Shepherd's Hope	407-876-6701 shepherdshope.org	Primary Care
The Orlando Veterans Affairs Medical Center	407-631-1000 orlando.va.gov	Veteran Services, Employment Services, Primary Care, Mental Health

Housing/Homelessness		
Organization	**Contact Information**	**Overview**
Central Florida Commission on Homelessness	321-710-4663 www.cfchomelessness.org	Housing and Homeless Services
Coalition for the Homeless of Central Florida	407-652-5300 Centralfloridahomeless.org	Housing and Homeless Services
Covenant House	1-800-441-4478 covenanthousefl.org	Housing and Homeless Services
Dave's House	407-457-1282 daveshouseevents.org	Housing and Homeless Services
Family Promise of Greater Orlando	407-893-4580 familypromiseorlando.org	Housing and Homeless Services
Habitat for Humanity	habitatorlandoosceola.org habitatseminoleapopka.org	Housing and Homeless Services
Homeless Services Network of Central Florida	407-893-0133 hsncfl.org	Housing and Homeless Services
Hope Helps, Inc.	407-366-3422 hopehelps.org	Housing and Homeless Services
IDignity	407-792-1374 idignity.org	Housing and Homeless Services
Orlando Union Rescue Mission	407-423-3596 Ext. 2100/2105 ourm.org	Housing and Homeless Services, Food Assistance
Rescue Outreach Mission of Central Florida	407-321-8224 rescueoutreachcfl.org	Housing and Homeless Services, Food Assistance
Samaritan Resource Center	407-482-0600 samaritanresourcecenter.org	Housing and Homeless Services
Wayne Densch Center	407-599-3900 abilityhousing.org/wayne-densch-center	Housing and Homeless Services, Mental Health, Substance Use

Housing/Homelessness		
Organization	**Contact Information**	**Overview**
Central Florida Commission on Homelessness	321-710-4663 www.cfchomelessness.org	Housing and Homeless Services
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Family Promise of Greater Orlando	407-893-4580 familypromiseorlando.org	Housing and Homeless Services
Habitat for Humanity	habitatorlandoosceola.org habitatseminoleapopka.org	Housing and Homeless Services
Homeless Services Network of Central Florida	407-893-0133 hsncfl.org	Housing and Homeless Services
Hope Helps, Inc.	407-366-3422 hopehelps.org	Housing and Homeless Services
IDignity	407-792-1374 idignity.org	Housing and Homeless Services
Orlando Union Rescue Mission	407-423-3596 Ext. 2100/2105 ourm.org	Housing and Homeless Services, Food Assistance
Rescue Outreach Mission of Central Florida	407-321-8224 rescueoutreachcfl.org	Housing and Homeless Services, Food Assistance
Samaritan Resource Center	407-482-0600 samaritanresourcecenter.org	Housing and Homeless Services
Wayne Densch Center	407-599-3900 abilityhousing.org/wayne-densch-center	Housing and Homeless Services, Mental Health, Substance Use

Resources Phone Numbers and Crisis Lines		
	Contact Information	**Overview**
National Sexual Assault	800.656.4673 (HOPE) https://www.rainn.org/	Support, information, advice, & referrals to address sexual assault
National Suicide Prevention Lifeline	1.800.273.8255 https://suicidepreventionlifeline.org/	The Lifeline provides 24/7, free and confidential support for people in distress and prevention and crisis resources for you or your loved ones.
United Way 211	Dial 211 https://www.hfuw.org/gethelp/	Local resources to address financial assistance, health programs, crisis support and more.
Veterans Crisis Line	1.800.273.8255 https://www.veteranscrisisline.net/	24/7 confidential crisis support for veterans and their loves ones

Central Florida Collaborative
2025 Community Health Needs Assessment
Regional Report